

EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM A

Passed Inspection Y N

Facility# 4020050

Inspection Date 4-12-16 Time 2:00P to 2:40

SBA Info Sheet Given? Y N

Lead Inspector J Greaves Others _____

Facility Reps Jill Phillips *

(* Credentials Presented)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☒ Digital ☐ Other

Enforcement Actions Taken Onsite: FNNC # _____ FC # _____ For \$ _____

Enforcement Action Delayed for (Reason): _____

GPS reading: NH 01' 48.0" W 119 41' 22.7"

Facility Information

Location Name: Colville Tribal Fish Hatchery

Owner: Colville Federated Tribes Operator: _____

Address (Loc/Owner/Op): 13854 Hwy 17

City: Bridgeport State: WA Zip: 98813 Phone: 509-686-9330

Address (Loc/Owner/Op): P.O. Box 150

City: Nespelem State: WA Zip: 99155 Phone: _____

☒ MEETS FR REQUIREMENTS

☐ State Government Entity ☐ Federal Government Entity

☒ All (tanks covered) or (check which tanks are covered)

Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdby Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other _____

Issuing Entity: Colony Ins Co Dates Coverage: 6/5/15 to 6/5/16 In EPA Format? Y N

TANK STATUS

Tank #	1	2	3	4	5	6
Manifolded (M) or Compartmented (C) Tank?	<u>—</u>	<u>—</u>				
Status (circle): <u>CIL</u> TOU POU <input checked="" type="checkbox"/> All or	<u>✓</u>	<u>✓</u>				
Date installed: <input type="checkbox"/> All or						
Tank capacity (gal): <input type="checkbox"/> All or	<u>2500</u>	<u>500</u>				
Substance in Tank: <input type="checkbox"/> All or	<u>DSL</u>	<u>UNL</u>				
Tank Material: BS CPS COM <u>FRP</u> <u>DW</u> ExL Lin <input type="checkbox"/> All or						
Verified Tank by: Visual Invoice Warranty Picture <input type="checkbox"/> All or						
Emergency Generator Tank(s)? <input type="checkbox"/> NA <input type="checkbox"/> All or	<u>Yes</u>	<u>—</u>				
Piping Material: <u>GS</u> <u>CPS</u> <u>FRP</u> FlexP DW SecC <input type="checkbox"/> All or						
Verified Pipe by: <u>Visual</u> Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Piping Type: Grav Pres <u>SafeS</u> U.S.S <input checked="" type="checkbox"/> All or						
Date last used: <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All or						

WA OR ID AK

A	Name: _____	Date: _____
A \ B	Name: _____	Date: _____
B	Name: _____	Date: _____
C	List of "C" trained operators available?	Date: _____

Notes:

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
16	1- January	P	P				
1	2- February	P	P				
1	3- March	P	P				
15	4- April	P	P				
	5- May	P	P				
	6- June	P	P				
	7- July	P	P				
	8- August	P	P				
	9- September	P	P				
	10- October	P	P				
15	11- November	P	P				
1	12- December	P	I				

P = Pass F = Fail M = Missing I = Inconclusive

Tank #	1	2	3	4	5	6
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RELEASE DETECTION-TANKS

<input checked="" type="checkbox"/> Release Detection Method(s) present for all tanks & meets specific performance standards as in 280.43 ? <input type="checkbox"/> NA						
<input type="checkbox"/> Manual Tank Gauging (MTG)	<input type="checkbox"/> All or					
<input type="checkbox"/> Tank Tightness Testing (TTT)	<input type="checkbox"/> All or					
Last TTT date? _____ Passed? Y N						
<input type="checkbox"/> Inventory Control (IC)	<input type="checkbox"/> All or					
<input type="checkbox"/> Vapor Monitoring (VM)	<input type="checkbox"/> All or					
Site Assessment? Y N	<input type="checkbox"/> All or					
<input type="checkbox"/> Ground Water Mon. (GWM)	<input type="checkbox"/> All or					
Site Assessment? (ie: 3'<gw<20') Y N	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Automatic Tank Gauge (ATG)	<input checked="" type="checkbox"/> All or	✓	✓			
<input type="checkbox"/> Interstitial Monitoring (IM)	<input type="checkbox"/> All or					
<input type="checkbox"/> SIR	<input type="checkbox"/> All or					
<input type="checkbox"/> Deferred (Emergency Generators ONLY)	<input type="checkbox"/> All or					
Multiple RD methods in-place Y <u>N</u>	<input type="checkbox"/> All or					
MTG TTT IC VM GWM ATG IM SIR						
<input type="checkbox"/> TOU Systems Comply with Release Detection? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA		Inches of Product in tank?				
<input type="checkbox"/> Hazardous Substance USTs-Secondarily Contained? <input checked="" type="checkbox"/> NA						

Safe suction

RELEASE DETECTION PIPING

<input type="checkbox"/> Release Detection method(s) present for ALL piping & meets specific performance standards as stated in 280.44? <input checked="" type="checkbox"/> NA						
<input type="checkbox"/> ALLD(s) Pressurized Systems Only- Required	<input type="checkbox"/> All or					
Date test: _____	<input type="checkbox"/> ELLD or <input type="checkbox"/> MLLD					
<input type="checkbox"/> LTT Date test : _____	<input type="checkbox"/> All or					
<input type="checkbox"/> Monthly Monitoring Method :	<input type="checkbox"/> All or					
VM GWM IM SIR Sump Sensor Other _____						
<input type="checkbox"/> Deferred (Emergency Generators ONLY)	<input type="checkbox"/> All or					

RELEASE DETECTION COMPLIANCE/RECORDS

Monthly monitoring records reviewed = <u>12</u> months, of last 12:						
Tanks (months) PASSED: <u>12</u> FAILED: _____ INVALID: <u>1</u>						
Piping (months) PASSED: _____ FAILED: _____ INVALID: _____						
<input type="checkbox"/> Release Detection records verified? <u>Y</u> N NA <input type="checkbox"/>						
<input checked="" type="checkbox"/> ALL Non-Passing Results Resolved? <input type="checkbox"/> NA						
<input type="checkbox"/> If not resolved, was the implementing agency notified of a suspected release? Y <input type="checkbox"/> N <input type="checkbox"/> No release suspected <input checked="" type="checkbox"/>						
If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA						
For: ATG SIR IM Sensors ALLD Other _____ In compliance with Evaluation? Y N						
ATG/IM/SIR Equipment Manufacturer/Vendor <u>Weeder Root</u> Model: <u>TLS-300c</u>						
(Optional) ALLD Equipment Manufacturer: _____ Model: _____						

TANK #	1	2	3	4	5	6
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REPAIRS TANKS & PIPING

<input type="checkbox"/> Any Repairs being Conducted or Completed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
<input type="checkbox"/> IF yes have the repaired tanks or piping been Tightness Tested within 30 days? (NOT required if internal inspection or if monthly monitoring is in use) <input checked="" type="checkbox"/> NA						

TANK LINING

<input type="checkbox"/> Are any tanks internally lined? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All						
<input type="checkbox"/> Tank Lining Inspected and In Compliance? <input checked="" type="checkbox"/> NA						
Date of Lining: _____						
Date of PASSING Internal Inspection: _____ <input type="checkbox"/> All or						

CATHODIC PROTECTION

<input checked="" type="checkbox"/> CP met on all tank(s) and piping including metal flex connectors, swing joints, etc.? <input type="checkbox"/> NA						
<input type="checkbox"/> CP performing adequately based on testing results ? -OR- <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA						
<input type="checkbox"/> Any Repairs to CP system being Conducted or Completed ? <input checked="" type="checkbox"/> NA If repaired, was the CP system re-tested <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
<input type="checkbox"/> Was a 6-month CP test conducted after <u>Installation</u> or <u>Repair</u> ? <input checked="" type="checkbox"/> NA						

<input type="checkbox"/> Impressed Current System <input checked="" type="checkbox"/> Sacrificial Anode System						
<input type="checkbox"/> Cathodic Protection: <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Tanks & Piping <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60 Day) rectifier inspection Records? <input type="checkbox"/> NA						
System On? Y N Observed amperage of _____ amps						

<input checked="" type="checkbox"/> CP Testing Frequency						
<input checked="" type="checkbox"/> Date of Last Test: <u>7-16-14</u> Passed <input type="checkbox"/> All or Covers: <input type="checkbox"/> Tanks/Piping <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of Previous Test: _____ Passed <input type="checkbox"/> All or Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						

RELEASE PREVENTION - SPILL & OVERFILL PREVENTION

<input checked="" type="checkbox"/> Spill Prevention Devices Present and Functional? <input type="checkbox"/> NA						
<input checked="" type="checkbox"/> Overfill Prevention Devices Present and Operational for Each Tank? (specify, below) <input type="checkbox"/> NA						
<input type="checkbox"/> Ball Float Valve Installed <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Flow Restrictor (Auto Shut off) Installed ? <input type="checkbox"/> All or	✓	✓				
<input type="checkbox"/> Automatic Alarm Operational & audible for delivery driver ? <input type="checkbox"/> All or						
<input type="checkbox"/> Spill / Overfill NOT Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						

Inspector's Signature

Jim Sheaves

Date:

4-12-16

SITE SKETCH

Notes:



USTRAC

Facility Tank Summary

Owner Name and Address: Colville Confederated Tribes P.O. Box 150 Nespelem WA 99155

Facility ID	Location Name	Location Street Address	Location City State	Zip	County	Tribe	SOC	C&E Status	LUST
4020050	Colville Tribal Fish Hatchery	13854 Hwy. 17 (see comments for mailing address)	Bridgeport, WA	98813	Douglas	Colville	In SOC	Passed	NA

Tank	Status	M*	C*	Installed	Closed	Product	Capacity	Tank Material / Sec. Mat.	Piping Material / Sec. Mat.	Type	Over / Spill / CP
1	Currently In Use	No	No	3/1/1989		Diesel	2500	Fiberglass Reinforced Plastic	Double-Walled Fiberglass Reinforced Plastic (FRP)	Cathodically Protected	Safe Suction Yes Yes Yes
2	Currently In Use	No	No	3/1/1989		Gasoline	550	Fiberglass Reinforced Plastic	Double-Walled Fiberglass Reinforced Plastic (FRP)	Cathodically Protected	Safe Suction Yes Yes Yes

Court Ives 509-686-9330 / ~~JB~~ Jill Phillips

Jill. Phillips@colvilletribes.com

Left MSG 4/5/16 9:24

On way to Bridgeport 40 min
36 miles



Facility Tank Information

Facility: **Colville Tribal Fish Hatchery** Facility ID No: **4020050**
Street: **13854 Hwy. 17** Facility Description: **Other**
(see comments for mailing address)
City ST Zip: **Bridgeport, WA 98813** Operator: **Gary Ives**
County: **Douglas** Phone: **(509) 686-9330** Tribe: **Colville**
Latitude: **+48° 01' 47.80"** Dec: **48.03 °** LUST Status: **NA**
Longitude: **119° 41' 22.20"** Dec: **-119.69 °** Last Inspection Date: **4/30/2013**
Owner: **Colville Confederated Tribes** C&E Status: **Passed**

Tank Status Tank ID: **0001**
Alt Tank ID: **1**
Compartment: ☐ Manifolder: ☐
Tank Status: **Currently In Use**
Installation Date (Mo/Yr): **3/1/1989**
Est. Total Capacity (gallons): **2500**
Federally Regulated Tank: ☒

Tank Construction Material
Tank Material: **Fiberglass Reinforced Plastic**
Secondary Material: **Double-Walled**
Tank Manufacturer:
Tank Repaired: ☐ Used for Emergency Power Generation: ☐

Piping Construction Material
Piping Material: **Fiberglass Reinforced Plastic (FRP)**
Secondary Material: **Cathodically Protected**
Piping Manufacturer:
Type of Pipe: **Safe Suction**
Piping Repaired: ☐ Metal In Contact with Ground: ☐

Corrosion Protection
☒ Yes ☐ No ☐ NA FRP/ Flex Pipe: ☐
Impressed Current: ☐
Sacrificial Anodes: ☐
Interior Lining: ☐
Latest Upgrade Install Date:

Spill / Overfill Protection
Spill Protected: ☒ Exempt: ☐
Overfill Protected: ☒ (Tank filled by transfers no more than 25 gallons at one time.)
(Check all that apply.) Ball Float: ☒
Float Restrictor: ☐
Outside Alarm: ☐

Release Detection Tank / Pipe
Manual Tank Gauging: ☐
Tank Tightness Testing: ☐
Inventory Control: ☐
Vapor Monitoring: ☐
Groundwater Monitoring: ☐
Automatic Tank Gauging: ☒
Interstitial Monitoring: ☒
SIR: ☐
Auto Line Leak Detector: ☐
Line Tightness Testing: ☐
Sump Sensor: ☐
Other Method: ☒
Deferred: ☐
Not Listed: ☐
None: ☐

Tank Information

Tank 1

Clerk: **JGreeves**
Modified: **6/8/2007 2:25:09 PM**

ATG Mfg: **Veeder-Root** ATG Model: **TLS300C**
IM Mfg: IM Model:
SIR Vendor: SIR Ver:
Type of ALLD: ALLD Mfg:

Substance Currently or Last Stored in Greatest Quantity by Volume
Substance: **Diesel**
CERCLA No.:

Tank Closure or Change-In-Service
Closure Status:
Closure Observations:
Inert Fill:
Site Assessment Completed: ☐ Date Last Used:
LUST Trust Fund Tank Removal: ☐ Closed Date:
NFA Date:

Tank Comments

Source	Date	Comments
JGreeves	06/08/07	Diesel is used for vehicles and a emergency generator.



Facility Tank Information

Facility: **Colville Tribal Fish Hatchery** Facility ID No: **4020050**
Street: **13854 Hwy. 17** Facility Description: **Other**
(see comments for mailing address)
City ST Zip: **Bridgeport, WA 98813** Operator: **Gary Ives**
County: **Douglas** Phone: **(509) 686-9330** Tribe: **Colville**
Latitude: **+48° 01' 47.80"** Dec: **48.03** LUST Status: **NA**
Longitude: **119° 41' 22.20"** Dec: **-119.69** Last Inspection Date: **4/30/2013**
Owner: **Colville Confederated Tribes** C&E Status: **Passed**

Tank Status Tank ID: **0002**
Alt Tank ID: **2**
Compartment: ☐ Manifolder: ☐
Tank Status: **Currently In Use**
Installation Date (Mo/Yr): **3/1/1989**
Est. Total Capacity (gallons): **550**
Federally Regulated Tank: ☒

Tank Construction Material
Tank Material: **Fiberglass Reinforced Plastic**
Secondary Material: **Double-Walled**
Tank Manufacturer:
Tank Repaired: ☐ Used for Emergency Power Generation: ☐

Piping Construction Material
Piping Material: **Fiberglass Reinforced Plastic (FRP)**
Secondary Material: **Cathodically Protected**
Piping Manufacturer:
Type of Pipe: **Safe Suction**
Piping Repaired: ☐ Metal in Contact with Ground: ☐

Corrosion Protection
☒ Yes ☐ No ☐ NA
FRP/ Flex Pipe: ☐
Impressed Current: ☐
Sacrificial Anodes: ☐
Interior Lining: ☐
Latest Upgrade Install Date:

Spill / Overfill Protection
Spill Protected: ☒ Exempt: ☐
Overfill Protected: ☒
(Check all that apply.) Ball Float: ☐ (Tank filled by transfers no more than 25 gallons at one time.)
Float Restrictor: ☒
Outside Alarm: ☐

Release Detection Tank / Pipe
Manual Tank Gauging: ☐
Tank Tightness Testing: ☐
Inventory Control: ☐
Vapor Monitoring: ☐
Groundwater Monitoring: ☐
Automatic Tank Gauging: ☒
Interstitial Monitoring: ☒
SIR: ☐
Auto Line Leak Detector: ☐
Line Tightness Testing: ☐
Sump Sensor: ☐
Other Method: ☐
Deferred: ☐
Not Listed: ☐
None: ☒

ATG Mfg: **Veeder-Root** ATG Model: **TLS300C**
IM Mfg: IM Model:
SIR Vendor: SIR Ver:
Type of ALLD: ALLD Mfg:

Substance Currently or Last Stored in Greatest Quantity by Volume
Substance: **Gasoline**
CERCLA No.:

Tank Closure or Change-In-Service

Closure Status:
Closure Observations:
Inert Fill:
Site Assessment Completed: ☐ Date Last Used:
LUST Trust Fund Tank Removal: ☐ Closed Date:
NFA Date:

Tank Information

Tank 2

Clerk: **JGreeves**
Modified: **6/8/2007 2:23:50 PM**



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
WASHINGTON OPERATIONS OFFICE
300 Desmond Drive SE, Suite 102
Lacey, Washington 98503**

March 30, 2016

FILE COPY

Gary Ives
Colville Fish Hatchery
P.O. Box 880
Bridgeport, WA 98813

Dear Mr. Ives:

The United States Environmental Protection Agency (EPA) has selected your facility to conduct an underground storage tank (UST) system inspection at the following address:

**Colville Fish Hatchery
13854 Hwy 17
Bridgeport, WA 98813
EPA Facility ID No. 4020050**

This inspection will be conducted the week of April 11, 2016, along with other inspections of UST facilities in your area. Prior to the inspection, I will be calling to set up an appointment with you or your representative. Keep in mind that the inspection may last 1 to 2 hours.

The purpose of the inspection is to evaluate whether your facility is in compliance with federal regulations that pertain to UST systems. During the inspection, we will be able to answer any questions that you may have on your system. Please take advantage of this opportunity to gain a better understanding of your UST system and the federal requirements. Also, please keep in mind that we are available to answer any questions you might have at any time, not just during inspections. Our main goal is to assist you in maintaining compliance with the federal UST regulations.

However, it should be noted that if an owner / operator does not make a good faith effort to obtain and maintain compliance, EPA has the authority to pursue any enforcement action deemed necessary as allowed by the law. Such enforcement action can include a fine of up to \$16,000 per day, per tank for each violation.

To adequately prepare for the inspection, please have the individual most familiar with your UST system available to meet with us. During the inspection, please have all areas that are normally secured in some manner (e.g. sump covers, fill caps, etc.) **UNLOCKED and/or UNBOLTED**. Also, have someone available to lift and remove covers from the UST equipment. If equipped with an overfill alarm, be prepared to make it sound. Also, there are several documents that you must have available at the facility at the time of the inspection. A list of these documents is enclosed with this letter.

If you have any questions about the inspection or the documents that you must have on hand during the inspection, please contact me immediately at (360) 753-8072 or greeves.jim@epa.gov. Thank you for your cooperation with this matter.

Sincerely,


Jim Greeves
UST Inspector

cc: Environmental Trust, Nespelem, WA

Enclosure

DOCUMENTS REQUIRED DURING AN EPA UST INSPECTION

1. Financial Responsibility / Insurance Documentation

- ✓ A "Certificate of Insurance" or "Endorsement" with associated paperwork listing the inspected facility as being covered under the policy
- ✓ In cases of self-insurance, a signed copy of the current "Letter from Chief Financial Officer" and associated paperwork listing the inspected facility as being covered under the letter

2. Petroleum Release Detection (i.e. Tank and Piping Release Detection)

- ✓ Monthly inventory records for the past 12 months (e.g. statistical inventory, Automatic Tank Gauging [ATG] or manual tank sticking records)
- ✓ Monthly monitoring records for the past 12 months if using interstitial monitoring or groundwater or vapor monitoring
- ✓ If using an ATG, the manufacturer's "Results of U.S. EPA Standard Evaluation" or a "third party evaluation"
- ✓ Equipment calibration, maintenance and repair records and schedules prescribed by the manufacturer to keep equipment functioning properly
- ✓ Latest annual test of automatic line leak detectors (if your piping is pressurized)
- ✓ Records of any tightness testing for each tank and associated piping

3. Repairs and Upgrades to UST Systems *(if any such work was made to your system)*

- ✓ Repair records (e.g. invoices)
- ✓ Photos of installation
- ✓ Warranties with installation date and type of equipment
- ✓ Paid invoices of equipment and servicing

4. Cathodic Protection (i.e. Rust Prevention) *(if you have steel tanks and/or piping)*

- ✓ Plans/maps of the cathodic protection system
- ✓ Integrity assessment (i.e. an inspection by a qualified cathodic protection tester per 40 CFR §280.31) if added to an existing tank
- ✓ Test results of the last two corrosion system tests required within 6 months of installation and every 3 years thereafter
- ✓ For impressed current systems, the results of the last three inspections as documented in your log of impressed current readings that are required every 60 days

5. Lined Steel Tanks *(if your tank is made of steel and is lined)*

- ✓ Integrity assessment (i.e. an inspection per 40 CFR §280.21(b)(1)) if added to an existing tank
- ✓ Internal inspection if lining is greater than 10 years old



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
WASHINGTON OPERATIONS OFFICE
300 Desmond Drive SE, Suite 102
Lacey, Washington 98503

May 31, 2016

FILE COPY

Jill Phillips
Colville Fish Hatchery
P.O. Box 880
Bridgeport, WA 98813

Re: Underground Storage Tank (UST) Inspection of Colville Fish Hatchery, located at 13854 Highway 17 in Bridgeport, Washington (EPA ID No. 4020050) – Colville Reservation

Dear Ms. Phillips:

This letter is in regard to the underground storage tank (UST) inspection that I conducted at your facility on April 12, 2016. At the time of this inspection, I found that your facility was in compliance with federal UST regulations as stated in Chapter 40, Code of Federal Regulations, Part 280, Technical Standards and Corrective Action Requirements for Owners and Operators of USTs. We recognize and appreciate the steps you and your staff have taken to achieve and maintain compliance with federal UST regulations.

If you any technical or regulatory questions in the future, please feel free to contact me by telephone at (360) 753-8072 or by e-mail at greeves.jim@epa.gov.

Sincerely,

A handwritten signature in blue ink that reads "Jim Greeves".

Jim Greeves
UST Inspector
Office of Compliance and Enforcement

6/25/2012 Final

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM**

Facility# 4020050 Passed? Y N N 48 ° 1 ' 46.5 "
 Inspection Date 4/30/2013 Time 2:00 to 3:00 GPS Reading W19 ° 41 ' 22.7 "
 Lead Inspector Philip Neminger Others Wil Beal, OJT
 Facility Reps * Gary Trues (* Credentials Presented)

Visual Documentation of Inspection: ☐ Digital ☐ Other
 Waste Fluid Questionnaire: ☐ Completed ☐ Not Completed ☐ Not Applicable
 Enforcement Actions Taken Onsite: FNNC # _____ FC # _____ For \$ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Colville Tribal Fish Hatchery
 Owner _____ Operator _____
 Address (Loc/Owner/Op) 79 Tribal Hatchery Road
 City Bridgeport State WA Zip 98813 Phone _____
 Address (Loc/Owner/Op) P.O. Box 150
 City Nespelem State WA Zip 99555 Phone _____

Tank #	1	2	3	4	5	6
FINANCIAL RESPONSIBILITY						
<input checked="" type="checkbox"/> Meets FR requirements? <input type="checkbox"/> State Government Entity <input type="checkbox"/> Federal Government Entity						
<input type="checkbox"/> All tanks covered or (check which tanks are covered)						
Type: <input checked="" type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Stdby Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other _____						
Issuing Entity & No.: <u>Colony WA 640465</u> Dates Coverage: <u>1/28/13 - 1/28/14</u> In EPA Format? <u>Y</u> N						
TANK STATUS						
Manifolded (M) or Compartmented (C) Tank?						
Status (circle) <u>C</u> <u>U</u> TOU POU <input type="checkbox"/> All or						
Date installed: <u>3/85</u> <input checked="" type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or <u>2500</u> <u>550</u>						
Substance in Tank: <input type="checkbox"/> All or <u>D</u> <u>G</u>						
Tank Material: BS CPS COM <u>FRP</u> <u>DW</u> ExL Lin <input type="checkbox"/> All or						
Verified by: <u>Visual</u> Invoice Warranty Picture <input type="checkbox"/> All or						
Emergency Generator Tank(s)? Y <u>N</u> <input checked="" type="checkbox"/> All or						
Piping Material: GS CPS <u>FRP</u> FlexP DW SecC <input checked="" type="checkbox"/> All or						
Verified by: <u>Visual</u> Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Piping Type: Grav Pres <u>SafeSuc</u> U.S.Suc <input checked="" type="checkbox"/> All or						
Date last used: <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc NA <input type="checkbox"/> All or						

Feeds both digester
and emergency generator

SITE SKETCH

Empty
Gun-
to



Tank #

1

3

4

5

6

RELEASE DETECTION (RD) - TANKS☒ RD method(s) present for ALL tanks & meets specific performance standards as stated in 280.43?☐ NA☐ Manual Tank Gauging (MTG) ☐ All or☐ Tank Tightness Testing (TTT) ☐ All or

Last TTT date? _____ Passed? Y N

☐ Inventory Control (IC) ☐ All or☐ Vapor Monitoring (VM) ☐ All orSite Assessment? Y N ☐ All or☐ Ground Water Monitoring (GWM) ☐ All orSite Assessment? (i.e. 3' < gw < 20') Y N ☐ All or☒ Automatic Tank Gauge (ATG) ☒ All or☐ Interstitial Monitoring (IM) ☐ All or☐ SIR ☐ All or☐ Deferred (Emergency Generators ONLY) ☐ All orMultiple RD methods in-place Y N ☒ All orMTG TTT IC VM GWM ATG IM SIRIf TOU, does tank comply with RD requirements? Y N NA ☐ All or

Amount of Product in Tank: _____ Water: _____

Are hazardous substance USTs secondarily contained?
Y N NA ☐ All or**RELEASE DETECTION (RD) - PIPING**☒ RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44?☒ NA☐ ALLD (Pressurized Systems Only) ☐ NA (Grav/Suct) ☐ All orDate of test: _____ ☐ ELLD or ☐ MLLDPiping RD Primary Method?: LTT Monthly NA ☐ All or☐ LTT Date of test: _____ ☐ All or☐ Monthly Monitoring Method: ☐ All orVM GWM IM SIR Sump Sensor Other _____ ☐ All or☐ Deferred (Emergency Generators ONLY) ☐ All or**RELEASE DETECTION RECORDS/COMPLIANCE**Release detection records verified? Y N NA ☒ All orOf the last 12 months monitoring records, 24 were reviewed:Tanks (months) PASSED: 23 FAILED: - INVALID: 1Piping (months) PASSED: - FAILED: - INVALID: -All non-passing results resolved? Y N NA ☒ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected NA ☒ All orIf equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For? ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y N

ATG/IM/SIR Equipment Manufacturer/Vendor: Weeder root Model: 7LS 3ccALLD Equipment Manufacturer (optional): None Model: _____

TANK #	1	2	3	4	5	6
RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING						
Tank & Piping Repairs						
Any repairs to the UST system(s) being conducted or completed? Y N <input type="checkbox"/> All or						
If yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.) Y N NA <input type="checkbox"/> All or						
Tank Lining						
<input type="checkbox"/> Are any tanks internally lined? Y N NA <input type="checkbox"/> All or						
<input type="checkbox"/> Tank lining inspected and in compliance? <input type="checkbox"/> All or						
Date of lining: _____						
Date of PASSING internal inspection: _____ <input type="checkbox"/> All or						
Cathodic Protection (CP)						
<input checked="" type="checkbox"/> CP met on <u>all</u> tank(s) and piping, including metal flex connectors, swing joints, etc.?						
<input checked="" type="checkbox"/> CP performing adequately based on testing results? -OR-						
<input type="checkbox"/> If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?						
Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA						
<input type="checkbox"/> CP on <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping <input type="checkbox"/> Tanks & piping <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or						
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60-day) rectifier inspection records? Y N <input type="checkbox"/> All or						
System On? Y N Observed amperage of _____ amps						
<input type="checkbox"/> Are there unprotected, metal components in contact with the ground at the dispensers or in the turbines? Y N NA <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Sacrificial Anode System <input type="checkbox"/> All or						
Testing Frequency						
<input type="checkbox"/> Was a 6-month CP test conducted after <u>installation</u> or <u>repair</u> (if applicable)? Test Date: _____ <input type="checkbox"/> All or						
Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input checked="" type="checkbox"/> Date of last CP test: <u>6/10/2011</u> <input type="checkbox"/> All or						
Passed? <input checked="" type="checkbox"/> Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping						
<input checked="" type="checkbox"/> Date of previous test: <u>6/10/08</u> <input type="checkbox"/> All or						
Passed? <input checked="" type="checkbox"/> Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping						
RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION						
<input checked="" type="checkbox"/> Spill prevention devices present and functional? Y N NA <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)						
<input type="checkbox"/> Ball Float Valve - Installed? <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Flow Restrictor (Auto Shutoff) - Installed? <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Alarm Operational and audible for delivery driver? <input type="checkbox"/> All or						
<input type="checkbox"/> Spill / Overfill <u>NOT</u> Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						
Inspector's Signature: <u>[Signature]</u>			Date: <u>4/22/13</u>			

Notes:

CP on going to generator (Diesel)
 CP results ok, but results are getting low

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
2013	1- January	P	P				
1	2- February	P	P				
2012	3- March	P	P				
2012	4- April	P	I				
	5- May	P	P				
	6- June	P	P				
	7- July	P	P				
	8- August	P	P				
	9- September	P	P				
	10- October	P	P				
	11- November	P	P				
2012	12- December	P	P				
P = Pass \ F = Fail \ I = Invalid M = Missing							



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

OFFICE OF
COMPLIANCE AND ENFORCEMENT

April 15, 2013

Reply to: OCE-082

Jill Phillips
Colville Tribal Fish Hatchery
P.O. Box 150
Nespelem, WA 99155
SENT VIA EMAIL

Dear Ms. Phillips:

The United States Environmental Protection Agency (EPA) has selected your facility to conduct an underground storage tank (UST) system inspection at the following address:

**Colville Tribal Fish Hatchery
138554 Hwy. 17
Bridgeport, WA 98813
EPA Facility ID No. 4260050**

As agreed to during our conversation, this inspection will be conducted on Tuesday, April 30, 2013 at approximately 3:00 P.M.

The purpose of the inspection is to evaluate whether your facility is in compliance with federal regulations that pertain to UST systems. During the inspection, we will be able to answer any questions that you may have on your system. Please take advantage of this opportunity to gain a better understanding of your UST system and the federal requirements. Also, please keep in mind that we are available to answer any questions you might have at any time, not just during inspections. Our main goal is to assist you in maintaining compliance with the federal UST regulations.

To adequately prepare for the inspection, please have the individual most familiar with your UST system available to meet with us. During the inspection, please have all areas that are normally secured in some manner (e.g. sump covers, fill caps, etc.) **UNLOCKED and/or UNBOLTED**. Also, have someone available to lift and remove covers from the UST equipment. If equipped with an overfill alarm, be prepared to make it sound. Also, there are several documents that you must have available at the facility at the time of the inspection. A list of these documents is enclosed with this letter.

If you have any questions about the inspection or the documents that you must have on hand during the inspection, please contact me immediately at (360) 792-1235 ext. 111 or philip.nenninger@ihs.gov. Thank you for your cooperation with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip Nenninger".

Philip Nenninger
UST Inspector

Enclosure

DOCUMENTS REQUIRED DURING AN EPA UST INSPECTION

1. Financial Responsibility / Insurance Documentation
 - A "Certificate of Insurance" or "Endorsement" with associated paperwork listing the inspected facility as being covered under the policy
 - In cases of self insurance, a signed copy of the current "Letter from Chief Financial Officer" and associated paperwork listing the inspected facility as being covered under the letter
2. Petroleum Release Detection
 - Monthly inventory records for the past 12 months (e.g. statistical inventory, Automatic Tank Gauging [ATG] or manual tank sticking records)
 - Monthly monitoring records for the past 12 months if using interstitial monitoring or groundwater or vapor monitoring
 - If using an ATG, the manufacturer's "Results of U.S. EPA Standard Evaluation" or a "third party evaluation"
 - Equipment calibration, maintenance and repair records and schedules prescribed by the manufacturer to keep equipment functioning properly
 - Latest annual test of automatic line leak detectors (if your piping is pressurized)
 - Records of any tightness testing for each tank and associated piping
3. Repairs and Upgrades to UST Systems (**if any such work was made to your system**)
 - Repair records (e.g. invoices)
 - Photos of installation
 - Warranties with installation date and type of equipment
 - Paid invoices of equipment and servicing
4. Cathodic Protection (i.e. Rust Prevention) (*if you have steel tanks and/or piping*)
 - Plans/maps of the cathodic protection system
 - Integrity assessment (i.e. an inspection by a qualified cathodic protection tester per 40 CFR §280.31) if added to an existing tank
 - Test results of the last two corrosion system tests required within 6 months of installation and every 3 years thereafter
 - For impressed current systems, the results of the last three inspections as documented in your log of impressed current readings that are required every 60 days
5. Lined Steel Tanks (*if your tank is made of steel and is lined*)
 - Integrity assessment (i.e. an inspection per 40 CFR §280.21(b) (1)) if added to an existing tank
 - Internal inspection if lining is greater than 10 years old.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

OFFICE OF
COMPLIANCE AND ENFORCEMENT

Reply to
The Attn of: OCE-164

May 27, 2010

Joe Gandon
Colville Tribal Fish Hatchery
P.O. Box 150
Nespelem, WA 99155

Re: Underground Storage Tank Inspection of Colville Tribal Fish Hatchery, 13854 Highway 17, Bridgeport, Washington, EPA Facility ID No. 4020050

Dear Mr. Gandon:

This letter is in regard to the underground storage tank (UST) inspection that I conducted at your facility, Colville Tribal Fish Hatchery, on May 18, 2010. At the time of this inspection, I found that your facility was in compliance with federal UST regulations as stated in Chapter 40, Code of Federal Regulations, Part 280, Technical Standards and Corrective Action Requirements for Owners and Operators of USTs.

If you have any technical or regulatory questions in the future, please feel free to either call me at (360) 792-1235 ext. 111, or send me an e-mail at philip.nenninger@ihs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip A. Nenninger".

Philip A. Nenninger, L.G.
UST Inspector

3/24/10 Final

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM**

Facility# 4020050 Passed? Y N N 48° 1' 47.8"
 Inspection Date 5/18/10 Time 1230 to 1:00 GPS Reading N 119° 41' 22.2"
 Lead Inspector Phil Nenniger Others Terrell Robinson - Lead OTT
 Facility Reps Phil Grundler Jill Philip (* Credentials Presented)

Visual Documentation of Inspection: ☐ Digital ☐ Other
 Waste Fluid Questionnaire: ☐ Completed ☐ Not Completed ☐ Not Applicable
 Enforcement Actions Taken Onsite: FNNC # _____ FC # _____ For \$ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y N

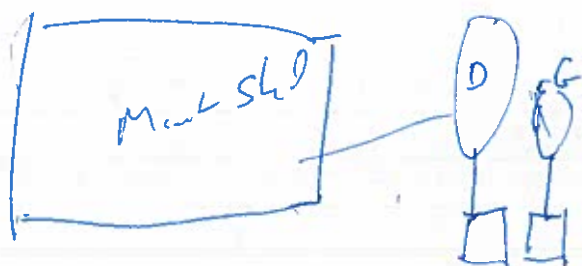
Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Colville Tribal Fish Hatchery
 Owner Colville Tribes Operator _____
 Address (Loc/Owner/Op) 79 Tribal Hatchery Road
 City Bridgeport State WA Zip 98813 Phone 509 686-9330
 Address (Loc/Owner/Op) _____
 City _____ State _____ Zip _____ Phone _____

Tank #	1	2	3	4	5	6
FINANCIAL RESPONSIBILITY						
<input checked="" type="checkbox"/> Meets FR requirements? <input type="checkbox"/> State Government Entity <input type="checkbox"/> Federal Government Entity						
<input checked="" type="checkbox"/> All tanks covered or (check which tanks are covered)						
Type: <input checked="" type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Stdby Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other _____						
Issuing Entity & No.: <u>Colong WA640469-3</u> Dates Coverage: <u>1/28/10-1/28/11</u> In EPA Format? <u>Y</u> <u>N</u>						
TANK STATUS						
Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <u>CIU</u> <u>TOU</u> <u>POU</u>	<input checked="" type="checkbox"/> All or					
Date installed: <u>1985</u>	<input checked="" type="checkbox"/> All or					
Tank cap (gal):	<input type="checkbox"/> All or	<u>580</u>	<u>250</u>			
Substance in Tank:	<input type="checkbox"/> All or	<u>Gas</u>	<u>Diesel</u>			
Tank Material: BS CPS COM <u>FRP</u> DW ExL Lin	<input checked="" type="checkbox"/> All or					
Verified by: Visual Invoice Warranty Picture	<input checked="" type="checkbox"/> All or	<u>Records</u>				
Emergency Generator Tank(s)? <u>Y</u> <u>N</u>	<input checked="" type="checkbox"/> All or	<u>* - Vehicle + EC</u>				
Piping Material: GS <u>CPS</u> <u>FRP</u> FlexP DW SecC	<input checked="" type="checkbox"/> All or					
Verified by: <u>Visual</u> Invoice Warranty Picture	<input checked="" type="checkbox"/> All or					
Piping Type: Grav Pres <u>SafeSuc</u> U.S.Suc	<input checked="" type="checkbox"/> All or					
Date last used: <u>CIU</u>	<input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or					
Closure Status: Removed In-Place Chg-in-Svc <u>NA</u>	<input checked="" type="checkbox"/> All or					

SITE SKETCH



Tank #	1	2	3	4	5	6
RELEASE DETECTION (RD) - TANKS						
<input checked="" type="checkbox"/> RD method(s) present for ALL tanks & meets specific performance standards as stated in 280.43? <input type="checkbox"/> NA						
<input type="checkbox"/> Manual Tank Gauging (MTG)	<input type="checkbox"/> All or					
<input type="checkbox"/> Tank Tightness Testing (TTT) Last TTT date? _____ Passed? Y N	<input type="checkbox"/> All or					
<input type="checkbox"/> Inventory Control (IC)	<input type="checkbox"/> All or					
<input type="checkbox"/> Vapor Monitoring (VM) Site Assessment? Y N	<input type="checkbox"/> All or					
<input type="checkbox"/> Ground Water Monitoring (GWM) Site Assessment? (i.e. 3' < gw < 20') Y N	<input type="checkbox"/> All or					
<input type="checkbox"/> Automatic Tank Gauge (ATG)	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Interstitial Monitoring (IM)	<input checked="" type="checkbox"/> All or					
<input type="checkbox"/> SIR	<input type="checkbox"/> All or					
<input type="checkbox"/> Deferred (Emergency Generators ONLY)	<input type="checkbox"/> All or					
Multiple RD methods in-place Y N <div> MTG TTT IC VM GWM ATG IM SIR </div>	<input type="checkbox"/> All or					
If TOU, does tank comply with RD requirements? Y N NA	<input type="checkbox"/> All or					
Amount of Product in Tank: _____ Water: _____						
Are hazardous substance USTs secondarily contained? Y N NA	<input type="checkbox"/> All or					
RELEASE DETECTION (RD) - PIPING						
<input type="checkbox"/> RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44? <input checked="" type="checkbox"/> NA						
<input type="checkbox"/> ALLD (Pressurized Systems Only)	<input type="checkbox"/> NA (Grav/Suct)		<input type="checkbox"/> All or			
Date of test: _____	<input type="checkbox"/> ELLD or		<input type="checkbox"/> MLLD			
Piping RD Primary Method?: LTT Monthly NA	<input type="checkbox"/> All or					
<input type="checkbox"/> LTT Date of test: _____	<input type="checkbox"/> All or					
<input type="checkbox"/> Monthly Monitoring Method:	<input type="checkbox"/> All or					
VM GWM IM SIR Sump Sensor Other _____	<input type="checkbox"/> All or					
<input type="checkbox"/> Deferred (Emergency Generators ONLY)	<input type="checkbox"/> All or					
RELEASE DETECTION RECORDS/COMPLIANCE						
Release detection records verified? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA <input checked="" type="checkbox"/> All or						
Of the last 12 months monitoring records, <u>12</u> were reviewed:						
Tanks (months) PASSED: <u>12</u> FAILED: _____ INVALID: _____						
Piping (months) PASSED: _____ FAILED: _____ INVALID: _____						
All non-passing results resolved? Y N NA <input checked="" type="checkbox"/> All or						
If not resolved, was the implementing agency notified of a suspected release? Y N No release suspected NA <input checked="" type="checkbox"/> All or						
If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N <u>NA</u>						
For? ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y N						
ATG/IM/SIR Equipment Manufacturer/Vendor: <u>Veeva Root</u> Model: <u>TLS 350</u>						
ALLD Equipment Manufacturer (optional): _____ Model: _____						

TANK #	1	2	3	4	5	6
RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING						
Tank & Piping Repairs						
Any repairs to the UST system(s) being conducted or completed? <div style="text-align: right;">Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All or</div>						
If yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: <u>Not</u> required if repaired tank is internally inspected or if monthly monitoring is in use.) <div style="text-align: right;">Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> All or</div>						
Tank Lining						
<input type="checkbox"/> Are any tanks internally lined? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> All or						
<input type="checkbox"/> Tank lining inspected and in compliance? <input type="checkbox"/> All or						
Date of lining: _____						
Date of PASSING internal inspection: _____ <input type="checkbox"/> All or						
Cathodic Protection (CP)						
<input checked="" type="checkbox"/> CP met on <u>all</u> tank(s) and piping, including metal flex connectors, swing joints, etc.?						
<input checked="" type="checkbox"/> CP performing adequately based on testing results? --OR--						
<input type="checkbox"/> If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?						
Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA						
<input type="checkbox"/> CP on <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Tanks & piping <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or						
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60-day) rectifier inspection records? Y N <input type="checkbox"/> All or						
System On? Y N Observed amperage of _____ amps						
<input type="checkbox"/> Are there unprotected, metal components in contact with the ground at the dispensers or in the turbines? Y N NA <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Sacrificial Anode System <input type="checkbox"/> All or						
Testing Frequency						
<input type="checkbox"/> Was a 6-month CP test conducted after <u>installation</u> or <u>repair</u> (if applicable)? Test Date: _____ <input type="checkbox"/> All or						
Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input checked="" type="checkbox"/> Date of last CP test: <u>6/10/08</u> <input checked="" type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping						
<input checked="" type="checkbox"/> Date of previous test: <u>6/21/05</u> <input checked="" type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping						
RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION						
<input checked="" type="checkbox"/> Spill prevention devices present and functional? <div style="text-align: right;">Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> All or</div>						
<input type="checkbox"/> Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)						
<input checked="" type="checkbox"/> Ball Float Valve - Installed? <input checked="" type="checkbox"/> All or						
<input type="checkbox"/> Flow Restrictor (Auto Shutoff) - Installed? <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Alarm Operational and audible for delivery driver? <input type="checkbox"/> All or						
<input type="checkbox"/> Spill / Overfill <u>NOT</u> Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						
Inspector's Signature: <u>[Signature]</u>				Date: <u>5/18/10</u>		

Notes:

Colville

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DIESEL

OVERFILL ALARM

MAY 3. 2010 5:41 PM
SEP 9. 2009 10:00 AM
JUN 5. 2009 10:42 AM

LOW PRODUCT ALARM

DEC 4. 2006 3:40 AM
OCT 31. 2006 9:37 AM
APR 14. 2003 9:49 AM

HIGH PRODUCT ALARM

AUG 8. 2008 10:47 AM

INVALID FUEL LEVEL

DEC 23. 2006 9:01 AM
FEB 14. 2003 9:56 AM
MAR 20. 2002 1:15 PM

DELIVERY NEEDED

NOV 16. 2006 1:55 PM
OCT 18. 2006 6:16 AM
SEP 29. 2005 1:45 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

- EXTERNAL INPUT ALARM -
I 2:

* * * * * END * * * * *

Colville

ALARM HISTORY REPORT

- EXTERNAL INPUT ALARM -
I 2:

* * * * * END * * * * *

ALARM HISTORY REPORT

- EXTERNAL INPUT ALARM -
I 2:

* * * * * END * * * * *

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
2010	1- January	P	P				
	2- February	P	P				
	3- March	P	P				
	4- April	P	P				
2010	5- May	P	P				
2011	6- June	F	P				
	7- July	P	P				
	8- August	P	P				
	9- September	P	P				
	10- October	P	P				
	11- November	P	P				
	12- December	P	P				

P = Pass \ F = Fail \ I = Invalid



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

OFFICE OF
COMPLIANCE AND ENFORCEMENT

May 11, 2010

Reply to: OCE-082

Joe Gandon
Colville Tribal Fish Hatchery
P.O. Box 150
Nespelem, WA 99155
SENT VIA FAX: (509) 686-2100

Dear Mr. Gandon:

The United States Environmental Protection Agency (EPA) has selected your facility to conduct an underground storage tank (UST) system inspection at the following address:

Colville Tribal Fish Hatchery
138554 Hwy. 17
Bridgeport, WA 98813
EPA Facility ID No. 4260050

As agreed to during our conversation, this inspection will be conducted on Tuesday, May 18, 2010 at approximately 1:00 P.M.

The purpose of the inspection is to evaluate whether your facility is in compliance with federal regulations that pertain to UST systems. During the inspection, we will be able to answer any questions that you may have on your system. Please take advantage of this opportunity to gain a better understanding of your UST system and the federal requirements. Also, please keep in mind that we are available to answer any questions you might have at any time, not just during inspections. Our main goal is to assist you in maintaining compliance with the federal UST regulations.

To adequately prepare for the inspection, please have the individual most familiar with your UST system available to meet with us. During the inspection, please have all areas that are normally secured in some manner (e.g. sump covers, fill caps, etc.) **UNLOCKED and/or UNBOLTED**. Also, have someone available to lift and remove covers from the UST equipment. If equipped with an overfill alarm, be prepared to make it sound. Also, there are several documents that you must have available at the facility at the time of the inspection. A list of these documents is enclosed with this letter.

If you have any questions about the inspection or the documents that you must have on hand during the inspection, please contact me immediately at (360) 792-1235 ext. 111 or nenninger.philip@epa.gov. Thank you for your cooperation with this matter.

Sincerely,

Philip Nenninger
UST Inspector

Enclosure

DOCUMENTS REQUIRED DURING AN EPA UST INSPECTION

1. Financial Responsibility / Insurance Documentation
 - A "Certificate of Insurance" or "Endorsement" with associated paperwork listing the inspected facility as being covered under the policy
 - In cases of self insurance, a signed copy of the current "Letter from Chief Financial Officer" and associated paperwork listing the inspected facility as being covered under the letter
2. Petroleum Release Detection
 - Monthly inventory records for the past 12 months (e.g. statistical inventory, Automatic Tank Gauging [ATG] or manual tank sticking records)
 - Monthly monitoring records for the past 12 months if using interstitial monitoring or groundwater or vapor monitoring
 - If using an ATG, the manufacturer's "Results of U.S. EPA Standard Evaluation" or a "third party evaluation"
 - Equipment calibration, maintenance and repair records and schedules prescribed by the manufacturer to keep equipment functioning properly
 - Latest annual test of automatic line leak detectors (if your piping is pressurized)
 - Records of any tightness testing for each tank and associated piping
3. Repairs and Upgrades to UST Systems **(if any such work was made to your system)**
 - Repair records (e.g. invoices)
 - Photos of installation
 - Warranties with installation date and type of equipment
 - Paid invoices of equipment and servicing
4. Cathodic Protection (i.e. Rust Prevention) *(if you have steel tanks and/or piping)*
 - Plans/maps of the cathodic protection system
 - Integrity assessment (i.e. an inspection by a qualified cathodic protection tester per 40 CFR §280.31) if added to an existing tank
 - Test results of the last two corrosion system tests required within 6 months of installation and every 3 years thereafter
 - For impressed current systems, the results of the last three inspections as documented in your log of impressed current readings that are required every 60 days
5. Lined Steel Tanks *(if your tank is made of steel and is lined)*
 - Integrity assessment (i.e. an inspection per 40 CFR §280.21(b) (1)) if added to an existing tank
 - Internal inspection if lining is greater than 10 years old.



* * * Communication Result Report (May. 11. 2010 11:04AM) * * *

1) OLYMPIC DISTRICT OFFICE
2) PORTLAND AREA INDIAN HEALTH SERV

Date/Time: May. 11. 2010 11:03AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
3936 Memory TX	15096862100	P. 2	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

OFFICE OF
COMPLIANCE AND ENFORCEMENT

May 11, 2010

Reply to: OCE-082

Joe Gandon
Colville Tribal Fish Hatchery
P.O. Box 150
Naspelem, WA 99155
SENT VIA FAX: (509) 686-2100

Dear Mr. Gandon:

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Colville Tribal Fish Hatchery
138554 Hwy. 17
Bridgeport, WA 98813
EPA Facility ID No. 4260050

As agreed to during our conversation, this inspection will be conducted on Tuesday, May 18, 2010 at approximately 1:00 P.M.

The purpose of the inspection is to evaluate whether your facility is in compliance with federal regulations that pertain to UST systems. During the inspection, we will be able to answer any questions that you may have on your system. Please take advantage of this opportunity to gain a better understanding of your UST system and the federal requirements. Also, please keep in mind that we are available to answer any questions you might have at any time, not just during inspections. Our main goal is to assist you in maintaining compliance with the federal UST regulations.

To adequately prepare for the inspection, please have the individual most familiar with your UST system available to meet with us. During the inspection, please have all areas that are normally secured in some manner (e.g. sump covers, fill caps, etc.) UNLOCKED and/or UNBOLTED. Also, have someone available to lift and remove covers from the UST equipment. If equipped with an overflow alarm, be prepared to make it sound. Also, there are several documents that you must have available at the facility at the time of the inspection. A list of these documents is enclosed with this letter.

If you have any questions about the inspection or the documents that you must have on hand during the inspection, please contact me immediately at (360) 792-1235 ext. 111 or nenninger.philip@epa.gov. Thank you for your cooperation with this matter.

Sincerely,

Philip Nenninger
Philip Nenninger
UST Inspector

Enclosure



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
WASHINGTON OPERATIONS OFFICE
300 Desmond Drive SE, Suite 102
Lacey, Washington 98503

May 23, 2007

FILE COPY

Rodney Stensgar
Colville Fish Hatchery
P.O. Box 880
Bridgeport, WA 98813

Dear Mr. Stensgar:

The United States Environmental Protection Agency (EPA) has selected your facility to conduct an underground storage tank (UST) system inspection at the following address:

**Colville Fish Hatchery
13854 Hwy 17
Bridgeport, WA 98813
EPA Facility ID No. 4020050**

This inspection will be conducted the week of June 4, 2007, along with other inspections of UST facilities in your area. Before the inspection, I will be calling to set up an appointment with you or your representative. If you have a specific day or time that works best for you that week, please call me to arrange a day and time of your choice. Please keep in mind that the inspection may last 1 to 2 hours.

The purpose of the inspection is to evaluate whether your facility is in compliance with federal regulations that pertain to UST systems. During the inspection, we will be able to answer any questions that you may have on your system. Please take advantage of this opportunity to gain a better understanding of your UST system and the federal requirements. Also, please keep in mind that we are available to answer any questions you might have at any time, not just during inspections. Our main goal is to assist you in maintaining compliance with the federal UST regulations.

However, it should be noted that if an owner / operator does not make a good faith effort to obtain and maintain compliance, EPA has the authority to pursue any enforcement action deemed necessary as allowed by the law. Such enforcement action can include a fine of up to \$11,000 per day, per tank for each violation.

To adequately prepare for the inspection, please have the individual most familiar with your UST system available to meet with us. During the inspection, please have all areas that are normally secured in some manner (e.g. sump covers, fill caps, etc.) **UNLOCKED and/or UNBOLTED**. Also, have someone available to lift and remove covers from the UST equipment. If equipped with an overfill alarm, be prepared to make it sound. Also, there are



Printed on Recycled Paper

several documents that you must have available at the facility at the time of the inspection. A list of these documents is enclosed with this letter.

Y900 7 117
If you have any questions about the inspection or the documents that you must have on hand during the inspection, please contact me immediately at (360) 753-8072 or greeves.jim@epa.gov. Thank you for your cooperation with this matter.

Sincerely,


Jim Greeves
UST Inspector

cc: Don Hurst, Environmental Trust, Nespelem, WA
Colville Confederated Tribes, Nespelem

Enclosure

DOCUMENTS REQUIRED DURING AN EPA UST INSPECTION

1. Financial Responsibility / Insurance Documentation

- A "Certificate of Insurance" or "Endorsement" with associated paperwork listing the inspected facility as being covered under the policy
- In cases of self insurance, a signed copy of the current "Letter from Chief Financial Officer" and associated paperwork listing the inspected facility as being covered under the letter

2. Petroleum Release Detection

- Monthly inventory records for the past 12 months (e.g. statistical inventory, Automatic Tank Gauging [ATG] or manual tank sticking records)
- Monthly monitoring records for the past 12 months if using interstitial monitoring or groundwater or vapor monitoring
- If using an ATG, the manufacturer's "Results of U.S. EPA Standard Evaluation" or a "third party evaluation"
- Equipment calibration, maintenance and repair records and schedules prescribed by the manufacturer to keep equipment functioning properly
- Latest annual test of automatic line leak detectors (if your piping is pressurized)
- Records of any tightness testing for each tank and associated piping

3. Repairs and Upgrades to UST Systems *(if any such work was made to your system)*

- Repair records (e.g. invoices)
- Photos of installation
- Warranties with installation date and type of equipment
- Paid invoices of equipment and servicing

4. Cathodic Protection (i.e. Rust Prevention) *(if you have steel tanks and/or piping)*

- Plans/maps of the cathodic protection system
- Integrity assessment (i.e. an inspection by a qualified cathodic protection tester per 40 CFR §280.31) if added to an existing tank
- Test results of the last two corrosion system tests required within 6 months of installation and every 3 years thereafter
- For impressed current systems, the results of the last three inspections as documented in your log of impressed current readings that are required every 60 days

5. Lined Steel Tanks *(if your tank is made of steel and is lined)*

- Integrity assessment (i.e. an inspection per 40 CFR §280.21(b)(1)) if added to an existing tank
- Internal inspection if lining is greater than 10 years old

PUBLICATIONS LEFT WITH FACILITY CONTACT

Facility #: 4020050 Person Left With: Gary Tves Date: 6/4/07

30-Day Notice Form (EPA version for Indian Lands)
40 CFR 280, Subpart H- Financial Responsibility
40 CFR 280, Subtitles A - G, Technical Standards and Corrective Action Requirements...
<input checked="" type="checkbox"/> Free Publications (How to order or download EPA UST Publications)
Automatic Tank Monitoring & Line Leak Detection Reference Manual - Selected equipment Section(s) given: _____
Contact Information: (circle as appropriate) EPA Tribal IDEQ ODEQ
Doing Inventory Control Right for USTs
Dollars And Sense: Financial Responsibility Requirements For USTs
Don't Wait Until 1998: Spill, Overfill and Corrosion Protection for USTs
EPA Region 10 Indian Lands UST Closure Guidance
Getting The Most Out Of Your Automatic Tank Gauging System
_____ Idaho PSTF Information _____ IDEQ UST Program Information
Introduction To Statistical Inventory Reconciliation for USTs
Inspecting And Maintaining Sumps And Spill Buckets (Practical Help And Checklist)
Leak Lookout (Includes information on groundwater and vapor monitoring)
Leak Detection Fact Sheet #1: For Some USTs, Inventory Control "Expires" December 22, 1998
List of Leak Detection Evaluations from the National Work Group - Selected equipment Section(s) given: _____
Managing Used Oil: Advice for Small Businesses
Manual Tank Gauging for Small USTs
<input checked="" type="checkbox"/> Musts for USTs: A Summary of Federal Regulations For Underground Storage Tank Systems
UST Notification Form
ODEQ UST Program Information (specify): _____
Operating And Maintaining Underground Storage Tank Systems (Practical Help And Checklist)
<input checked="" type="checkbox"/> Small Business Administration Handout
SPCC Plan Information, 40 CFR 112
<input checked="" type="checkbox"/> Straight Talk On Tanks: Leak Detection Methods for Petroleum USTs...

Others: _____

10/19/06
Final-Tribal (jg)

EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM A

Significant Compliance:

Facility# 4020050 Passed Inspection Y N RD Y Upgrade Y
Inspection Date 6-4-07 Time 2:00pm GPS reading _____
Lead Inspector Jim Green Others _____
Facility Reps Gary Jones *
Tribal Reps: _____ (* Credentials Presented)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital ☐ Other No photos
Facility Drainage (FD) questionnaire: ☐ Completed ☐ Not Completed ☒ Not Applicable
Enforcement Actions Taken Onsite: FNNC # 033 FC # _____ For \$ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Colville Tribal Fish Hatchery
Owner _____ Operator _____
Address (Loc/Owner/Op) 13854 Hwy 17
City Bridgeport State WA Zip 98813 Phone 509-686-9330
Address (Loc/Owner/Op) Fish & Wildlife P.O. Box 150
City Nespelem State WA Zip 98813 Phone _____

Tank #	1	2	3	4	5	6
<input type="checkbox"/> MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS						
<input type="checkbox"/> All (tanks covered) or (check which tanks are covered)						
Type: <input type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Sdbby Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other _____						
Issuing Entity: _____ Dates Coverage _____ In EPA Format? Y N						

TANK STATUS

Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <u>CIU</u> TOU POU <input type="checkbox"/> All or	<u>✓</u>	<u>✓</u>				
Date installed: <input type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or	<u>2500</u>	<u>550</u>				
Substance in Tank: <input type="checkbox"/> All or	<u>DSL</u>	<u>UNL</u>				
Tank Material: BS CPS COM <u>FRP</u> DW ExL Lin <input type="checkbox"/> All or						
Verified Tank by: Visual Invoice Warranty Picture <input type="checkbox"/> All or						
Emergency Generator Tank(s)? <input type="checkbox"/> NA <input type="checkbox"/> All or	<u>✓</u>			<u>EG + vehicles</u>		
Piping Material: GS CPS <u>FRP</u> FlexP DW SecC <input type="checkbox"/> All or						
Verified Pipe by: Visual Invoice Warranty Picture <input type="checkbox"/> All or						
Piping Type: Grav Pres <u>SafeS</u> U.S.S <input type="checkbox"/> All or						
Date last used: <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All or						

SITE SKETCH

Tank #

1

2

3

4

5

6

RELEASE DETECTION-TANKS

<input checked="" type="checkbox"/> Primary Release Detection Method Present for all tanks & meets specific performance standards as in 280.43 ?		<input type="checkbox"/> NA			
<input type="checkbox"/> Manual Tank Gauging (MTG)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
<input type="checkbox"/> Tank Tightness Testing (TTT)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
Last TTT date? _____ Passed? Y N					
<input type="checkbox"/> Inventory Control (IC)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
<input type="checkbox"/> Vapor Monitoring (VM)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
Site Assessment? Y N			<input type="checkbox"/> All or		
<input type="checkbox"/> Ground Water Mon. (GWM)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
Site Assessment? (ie: 3' < gw < 20') Y N			<input type="checkbox"/> All or		
<input checked="" type="checkbox"/> Automatic Tank Gauge (ATG)	<input checked="" type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
<input checked="" type="checkbox"/> Interstitial Monitoring (IM)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			Secondary
<input type="checkbox"/> SIR	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
<input type="checkbox"/> Deferred (Emergency Generators ONLY)			<input type="checkbox"/> All or		
<input type="checkbox"/> TOU Systems Comply with Release Detection?			<input type="checkbox"/> NA		

RELEASE DETECTION-PIPING (RD)

<input checked="" type="checkbox"/> Primary RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44?		<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> ALLD(s) Pressurized Systems Only- Required	<input type="checkbox"/> All or				
Date test: _____		<input type="checkbox"/> ELLD or <input type="checkbox"/> MLLD			
<input type="checkbox"/> LTT(s) Date test _____	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or			
Monthly Monitoring Method: <input type="checkbox"/> Primary Method <input type="checkbox"/> All or					
VM GWM IM SIR Sump Sensor Other _____					
<input type="checkbox"/> Deferred (Emergency Generators ONLY)		<input type="checkbox"/> All or			

RELEASE DETECTION COMPLIANCE/RECORDS

<input checked="" type="checkbox"/> Release Detection System - Operating Properly?	<input type="checkbox"/> NA				
<input checked="" type="checkbox"/> Release Detection System Meets Performance Standards of SOC Matrix "Worksheet"?	<input type="checkbox"/> NA				
<input type="checkbox"/> In Compliance with EPA 3 rd Party Evaluation?	<input type="checkbox"/> NA				
<input type="checkbox"/> If Required (5 year Record Limit), Has 3 rd Party?	<input type="checkbox"/> NA				
<input checked="" type="checkbox"/> Are there monthly monitoring records for Tanks/Piping for 2 most Recent Months and 8 of the last 12 months (or LTT where required)		<input type="checkbox"/> NA			
Monthly monitoring records Reviewed = 4 months, of last 12:		Did not have twelve month leak records			
Tanks (months) PASSED: _____ FAILED: _____ INVALID: _____					
Piping (months) PASSED: _____ FAILED: _____ INVALID: _____					
<input type="checkbox"/> ALL Non-Passing Results Resolved?	<input checked="" type="checkbox"/> NA				
<input type="checkbox"/> If not resolved, was the implementing agency notified of a suspected release? Y <input type="checkbox"/> N <input type="checkbox"/> No release suspected <input type="checkbox"/>	<input checked="" type="checkbox"/> NA				
<input type="checkbox"/> Hazardous Substance USTs-Secondarily Contained?	<input checked="" type="checkbox"/> NA				
ATG/IM/SIR Equipment Manufacturer/Vendor: Veeder-Root		Model: 145 300C			
(Optional) ALLD Equipment Manufacturer: _____		Model: _____			

TANK #	1	2	3	4	5	6
--------	---	---	---	---	---	---

RELEASE PREVENTION

<input checked="" type="checkbox"/> CP Met on ALL Tank(s) and Piping, including metal flex connectors, swing joints, etc. (see Release Prevention Measures Matrix, IV. "Tank and Piping Corrosion Protection" checklist)						
<input type="checkbox"/> Any repairs to CP (including Lining) tanks or piping and have they been Tightness Tested within 30 days (not required if internal inspection or monthly monitoring completed)?	<input checked="" type="checkbox"/> NA					

TANK LINING

<input type="checkbox"/> Tank Lining Inspected and In Compliance?	<input checked="" type="checkbox"/> NA					
Date of Lining: _____						
Date of PASSING Internal Inspection: _____	<input type="checkbox"/> All or					

CATHODIC PROTECTION

<input type="checkbox"/> Cathodic Protection: <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping	<input type="checkbox"/> All or					
<input type="checkbox"/> Impressed Current System	<input type="checkbox"/> All or					
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60 Day) rectifier inspection Records?	<input type="checkbox"/> NA					
System On? Y N Observed amperage of _____ amps						
<input checked="" type="checkbox"/> Sacrificial Anode System	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Date of Last Test: 6/24/05 Passed	<input type="checkbox"/> All or	✓	✓			
Covers: <input type="checkbox"/> Tanks/Piping <input checked="" type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping only						
<input type="checkbox"/> Date of Previous Test: _____ Passed	<input type="checkbox"/> All or					
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input checked="" type="checkbox"/> CP Performing Adequately- Based on Testing Results -	<input type="checkbox"/> NA					
<input checked="" type="checkbox"/> Any Repairs are being Conducted or Completed?	<input type="checkbox"/> NA					
<input checked="" type="checkbox"/> 6 mo. CP test After Installation or Repair COMPLETED?	<input type="checkbox"/> NA					

SPILL & OVERFILL PREVENTION

<input checked="" type="checkbox"/> Spill Prevention Devices Present and Functional?	<input type="checkbox"/> NA	✓	✓			
<input checked="" type="checkbox"/> Overfill Prevention Devices Present and Operational for Each Tank? (specify, below)	<input type="checkbox"/> NA					
<input type="checkbox"/> Ball Float Valve Operational	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Flow Restrictor (Auto Shut off) Operational	<input checked="" type="checkbox"/> All or	✓	✓			
<input type="checkbox"/> Automatic Alarm (for Delivery Driver) Operational	<input type="checkbox"/> All or					
<input type="checkbox"/> Spill / Overfill NOT Req'd (transfer ≤ 25 gallons)	<input type="checkbox"/> All or					
Inspector's Signature: <i>Jim Greaves</i>	Date: 6/4/07					

Notes:

[illegible]

Notes:



Field Notice Of Noncompliance For Tribally Owned/Managed Facility

No. 033



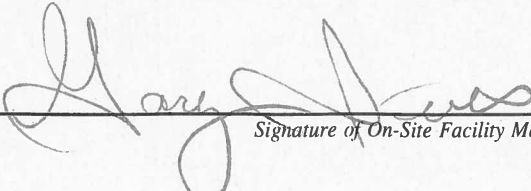
The Federal Environmental Protection Agency (EPA) is responsible for administration of underground storage tank (UST) laws on Indian Lands. Pursuant to federal regulation at 40 CFR Part 280, during an inspection on June 4, 2007 at this facility owned or operated by the Tribal Government, the following items of UST noncompliance were observed:

1	Description: 280.111(a) Failure to provide a copy of Financial responsibility mechanism UST Insurance	Corrections Needed: Provide a copy of your financial responsibility mechanism in EPA required language i.e. a copy of your UST Insurance
2	Description: 280.45(b) Failure to maintain release detection records for last 12 months	Corrections Needed: Provide a copy of the next 2 months leak test or "Liquid/Status" report
3	Description: Please Send by:	Corrections Needed: By July 31, 2007

This is **not** a notice of formal enforcement action. Consistent with the federal government trust relationship with tribes, EPA is providing this notice of its concern about the above-described noncompliance and its interest in working cooperatively with the tribal government to implement changes necessary for compliance. EPA is willing to provide technical assistance, as our resources allow, and would like the Tribe to respond by making a commitment to return to compliance in a timely manner. If compliance is achieved, EPA would not expect to take a formal enforcement action.

Tribal Official To Serve As Primary Contact Regarding This Notice		EPA Technical Assistance Contact
Name: Gary Ives	Tribe: Colville	Name: Jim Greaves
Signature (and date, if after inspection):	Phone: 509-686-9330	Office Address: EPA - WA ops office 300 Desmond Dr SE Suite 102 Lacey WA 98503
Name of Facility: Colville Tribal Fish Hatchery	Facility ID#: 4020050	Phone: 360-753-8072 / FAX 360-753-8080
Address: Fish + Wildlife P.O. Box 150 Nespelem, WA 9899155		Signature: Jim Greaves

The violation(s) noted above have been described to me in satisfactory detail by the EPA technical assistance contact.



Signature of On-Site Facility Manager (if different from above)

INSPECTION CONCLUSION DATA SHEET

Compliance Activity Type: Compliance Inspection

Compliance Monitoring Type: RCRA Hazardous & UST Compliance Evaluation Inspection (CEI)

Region: 10

Federal Statute: RCRA

Section: RCRA 9005

Compliance Monitoring Action Reason: Core Program

Compliance Monitoring Agency Type: EPA

Date of Inspection: 06/04/07

Inspector's Name: Jim Greeves

Phone No: (360) 753-8072

Compliance Monitoring Activity Name: Colville Tribal Fish Hatchery

EPA UST Facility ID No. : 4020050

Facility Street Address: 13854 Hwy. 17

(see comments for mailing address)

City: Bridgeport

State: WA

Zip: 98813

Name of onsite representative at facility during inspection: Gary Ives

Date of Inspection: Begin: 06/04/07 End: 06/04/07

Indian Land: Yes

NAICS code: 111998: All Other Miscellaneous Crop Farming:

Number of days spent physically conducting the activity: 1

Number of hours spent physically conducting the activity: 1

Deficiencies:

Did you observe deficiencies (i.e. potential violations) during the inspection? Yes

If yes, what deficiencies were observed? (Check one or more of the following deficiencies:)

- ☐ Potential failure to complete or submit a notification, report, certification, or manifest
- ☐ Potential failure to maintain a record or failure to disclose a document
- ☐ Potential failure to maintain/inspect/repair meters, sensors, recording equipment
- ☐ Potential failure to report regulated events such as spills, accidents, etc.
- ☐ Potential failure to identify and manage a regulated waste or pollutant in any media
- ☐ Potential violation of a compliance schedule in an enforcement order
- ☐ Potential failure to obtain a permit, product approval, or certification
- ☐ Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
- ☐ Potential excess emission in violation of regulations
- ☐ Potential failure to follow a permit condition(s)
- ☐ Potential failure to follow or develop a required management practice or procedure

Deficient management practice or procedure is defined as:

Failure to maintain monthly release detection records

Did you communicate these deficiencies to the facility during the inspection? Yes

Did you observe the facility take any actions during the inspection to address the deficiencies communicated to the facility? No

If yes, which actions were taken? (Check one or more of the following actions:)

- ☐ Completed a notification or report
- ☐ Corrected record keeping deficiencies

- ☐ Corrected monitoring deficiencies
- ☐ Verified compliance with previously issued enforcement action - part or all conditions
- ☐ Implemented new or improved management practices or procedures

Implementation of new or improved management practice(s) or procedure(s) is defined as:

Compliance Assistance:

Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections? **Yes**

Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections? **Yes**

Comments:

Fish Hatchery. Tanks used for vehicle fuel.

ICDS Sign Off	Name of Person	Date
ICDS Completed By:	JGreeves	06/08/07
ICDS Reviewed By:		
ICDS ICIS Entry Completed By:		

COLVILLE FISH HATCH
13851 HWY 17
BRIDGEPORT,WA.98813
509-686-9330

JUN 30, 2007 3:11 PM

LIQUID STATUS

JUN 30, 2007 3:11 PM

L 1:DIESEL BRINE
SENSOR NORMAL

L 2:UNLEADED BRINE
SENSOR NORMAL

* * * * * END * * * * *

LEAK TEST STATUS:
TEST NOT IN PROGRESS

JUN 10. 2007 4:00 AM

LEAK TEST REPORT

T 1:DIESEL
PROBE SERIAL NUM 237950

TEST STARTING TIME:
JUN 10. 2007 12:00 AM

TEST LENGTH = 4.0 HRS
STRT VOLUME = 892.8 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

* * * * * END * * * * *

START IN-TANK LEAK TEST
TEST BY PROGRAMMED TIME
JUN 10. 2007 12:00 AM

TEST LENGTH 4 HOURS

T 1:DIESEL
VOLUME = 893 GALS
ULLAGE = 1490 GALS
90% ULLAGE = 1251 GALS
HEIGHT = 28.61 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 60.2 DEG F

* * * * * END * * * * *

STOP IN-TANK LEAK TEST
T 2:UNLEADED
JUN 10. 2007 4:00 AM

COLVILLE FISH HATCH
13851 HWY 17
BRIDGEPORT,WA.98813
509-686-9330

JUN 10. 2007 4:00 AM

LEAK TEST REPORT

T 2:UNLEADED
PROBE SERIAL NUM 362543

TEST STARTING TIME:
JUN 10. 2007 12:00 AM

TEST LENGTH = 4.0 HRS
STRT VOLUME = 306.7 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

* * * * * END * * * * *

START IN-TANK LEAK TEST
TEST BY PROGRAMMED TIME
JUN 10. 2007 12:00 AM

TEST LENGTH 4 HOURS

T 2:UNLEADED
VOLUME = 308 GALS
ULLAGE = 240 GALS
90% ULLAGE = 185 GALS
HEIGHT = 26.17 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 63.7 DEG F

* * * * * END * * * * *

STOP IN-TANK LEAK TEST
T 1:DIESEL
JUN 10. 2007 4:00 AM

COLVILLE FISH HATCH
13851 HWY 17
BRIDGEPORT,WA.98813
509-686-9330

START IN-TANK LEAK TEST
TEST BY PROGRAMMED TIME
JUL 8. 2007 12:00 AM

TEST LENGTH 4 HOURS

T 2:UNLEADED
VOLUME = 251 GALS
ULLAGE = 297 GALS
90% ULLAGE= 242 GALS
HEIGHT = 22.50 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 66.6 DEG F

0.20 GAL/HR FLAGS:
LOW LEVEL TEST ERROR

* * * * * END * * * * *

STOP IN-TANK LEAK TEST
T 1:DIESEL
JUL 8. 2007 4:00 AM

COLVILLE FISH HATCH
13851 HWY 17
BRIDGEPORT,WA.98813
509-686-9330

JUL 8. 2007 4:00 AM

LEAK TEST REPORT

T 1:DIESEL
PROBE SERIAL NUM 237950

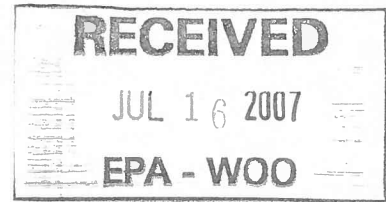
TEST STARTING TIME:
JUL 8. 2007 12:00 AM

TEST LENGTH = 4.0 HRS
STRT VOLUME = 754.5 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST INVL

0.20 GAL/HR FLAGS:
LOW LEVEL TEST ERROR

* * * * * END * * * * *

**CERTIFICATE OF INSURANCE
STATE OF WASHINGTON**

NAME OF INSURER: Colony Insurance Company
9201 Forest Hill Avenue, Suite 200
Richmond, Virginia 23235
Tel. (800) 577-6614

NAME OF INSURED: CONFERERATED TRIBES OF COLVILLE
RESERVATIONS

ADDRESS OF INSURED: PO BOX 150
NESPELEM WA 99155-0150

POLICY NUMBER: WA640469

PERIOD OF COVERAGE: 1/28/2007 TO 1/28/2008

CERTIFICATION:

1. Colony Insurance Company, the "insurer", as identified above, hereby certifies that it has issued liability insurance covering the following Underground Storage Tank(s):

See Schedule of Facilities Endorsement (E038)

For taking corrective action and compensating third parties for "bodily injury" and "property damage" caused by either sudden accidental releases or non-sudden accidental releases or accidental releases, in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy arising from operating the underground storage tank(s) identified above.

The Limits of Liability are \$1,000,000 Each Occurrence and \$1,000,000 Annual Aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under WA640469. The effective date of said policy is 1/28/2007.

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
- A. Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under the policy to which this certificate applies.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF FACILITIES ENDORSEMENT
STORAGE TANK POLLUTION LIABILITY COVERAGE

It is agreed that coverage is provided for the "Storage Tank Systems" at the "Scheduled Facility(ies)" listed below:

SCHEDULED FACILITY(IES)

NUMBER OF STORAGE TANK SYSTEM(S)

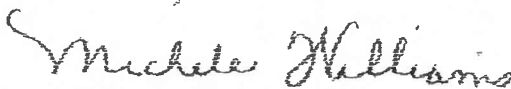
13829 J HWY 17
BRIDGEPORT WA 98813
RETRO DATE: 1/28/2006

2

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

- B. The insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of Corrective Action or a Damaged Third-party, with a right of reimbursement by the insured for any such payment made by the insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in WAC 173-360-413 through 173-360-433.
- C. Whenever requested by the director of the Washington state department of ecology, the insurer agrees to furnish the director a signed duplicate original of the policy and all endorsements.
- D. Cancellation or any other termination of the insurance by the insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 80 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- E. The insurance covers claims otherwise covered by the policy that are reported to the insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in WAC 173-360-480 and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Authorized Representative of Colony Insurance Company
Underwriter
P O Box 3867, Bellevue, WA 98009



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
WASHINGTON OPERATIONS OFFICE
300 Desmond Drive SE, Suite 102
Lacey, Washington 98503

FILE COPY

July 24, 2007

Gary Ives
Colville Tribal Fish Hatchery
P. O. Box 150
Nespelem, WA 98813

Re: Underground Storage Tank (UST) Program, Field Notice of Non-Compliance For Tribally Owned/Managed Facility No.033, issued during the UST facility inspection on June 4, 2007, of Colville Tribal Fish Hatchery, located at 13854 Hwy 17, Bridgeport, WA (EPA ID No. 4020050) – Colville

Dear Mr. Ives:

The information that I received on July 16, 2007, satisfies the UST Program Field Notice of Non-Compliance No. 033, which was issued on June 4 2007, for your facility. Therefore, EPA has granted final approval of this Field Notice of Non Compliance. Thank you for taking the necessary steps to bring your facility into compliance with the federal UST regulations.

To remain in compliance and to avoid being issued additional field notices or possible enforcement actions with monetary penalties for this facility, please remember to do the following:

- The July leak test results submitted, shows "failed" leak tests. It appears that there was not enough product in the tanks for valid leak tests. Please remember that you must have a passing leak test each month for each tank. Being that the leak test results submitted were early in the month, you should have time to get a passing leak test before the end of July. If you are unable to keep enough product in the tanks for valid leak tests. You could print the "Liquid Status" report each month instead of conducting leak tests. Keep in mind that the liquid status report must be printed manually each month. It is not an automatic print out.

Continue to have the Veeder-Root tank monitor conduct leak tests **monthly** and save the test reports. These test slips must be maintained for at least 12 months. Printing and reviewing each slip each month should help to alert you of a possible release from your UST systems or of a possible equipment malfunction.

As a reminder for future UST inspections, the EPA inspector will be looking for the above listed items and several other items to determine whether your facility remains in compliance. One such item is a copy of the current insurance policy for the UST systems at your

facility. This insurance, which will assist in the cost of cleanup if a release were to occur, must be maintained. Also, please continue to keep all sumps and spill buckets clean and dry.

Thank you for your timely response to EPA's requests. If you have any technical or regulatory questions in the future, please feel free to contact me at (360) 753-8072 or by e-mail at greeves.jim@epa.gov.

Sincerely,


Jim Greeves
EPA Settlement Lead

cc: Don Hurst, Environmental Trust, Nespelem, WA

Facility Compliance and Enforcement Summary

FacilityID 4020050

Site Name Colville Tribal Fish Hatchery

Address P.O. Box 880, 13854 Hwy. 17

City Bridgeport

Inspection Date	Violation Date	FederalCitation	Action	Issued	Due	Rcvd	Closed	PenaltyAmt	Last Name
07-Apr-04	07-Apr-04	280.21(d)	FNONC	07-Apr-04	07-May-04	28-Apr-04	21-May-04	\$0.00	GREEVES
07-Apr-04	07-Apr-04	280.21(c)	FNONC	07-Apr-04	07-May-04	28-Apr-04	21-May-04	\$0.00	GREEVES
07-Apr-04	07-Apr-04	280.111	FNONC	07-Apr-04	07-May-04	13-May-04	21-May-04	\$0.00	GREEVES
05-Oct-00	05-Oct-00	280.20(b)(2)	FNONC	05-Oct-00	15-Nov-00		07-Apr-04	\$0.00	BIRNEY
05-Oct-00	05-Oct-00	280.44(b)	FNONC	05-Oct-00	15-Nov-00		07-Apr-04	\$0.00	BIRNEY
05-Oct-00	05-Oct-00	280.20(c)(1)	FNONC	05-Oct-00	15-Nov-00		21-May-04	\$0.00	BIRNEY
05-Oct-00	05-Oct-00	280.41(a)	FNONC	05-Oct-00	15-Nov-00	09-Nov-00	09-Nov-00	\$0.00	BIRNEY
05-Oct-00	05-Oct-00	280.111	FNONC	05-Oct-00	15-Nov-00	09-Nov-00	09-Nov-00	\$0.00	BIRNEY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
WASHINGTON OPERATIONS OFFICE
300 Desmond Drive SE, Suite 102
Lacey, Washington 98503

FILE COPY

May 21, 2004

Rodney Stensgar
Colville Tribal Fish Hatchery
P.O. Box 880
Bridgeport, WA 98813

RE:

Underground Storage Tank (UST) Program Field Notice of Non-Compliance No. 015
from the April 7 2004 UST facility inspection of the Colville Tribal Fish Hatchery (EPA
ID No. 4020050) - Colville Reservation


Dear Mr. Stensgar:

The information that was supplied to me on May 13, 2004, satisfies the "UST Program
Field Notice of Non-Compliance For Tribally Owned/Managed Facility No. 015" which was
issued on April 7, 2004, for your facility. Therefore, EPA considers your facility in compliance
with all federal UST regulations.

As a reminder, for future UST inspections, the EPA inspector will be looking for the
above listed items and several other items to determine whether your facility remains in
compliance. Insurance for the UST systems at your facility must be maintained. This insurance
will assist in the cost of cleanup if a release were to occur. Also, the EPA inspector will be
looking for tank release detection records to verify that the tank monitoring is performed
correctly. Therefore, please continue to review and keep the monthly tank leak test slips from
your Veeder-Root TLS-300C tank monitor. It should help to alert you of a possible release from
your UST systems or any other tank related problem.

Thank you for your timely response to EPA's requests. If you any technical or regulatory
questions in the future, please feel free to contact me at 360-753-8072.

Sincerely,


Jim Greeves
EPA Settlement Lead

cc: Gary Passmore, Environmental Trust
Sharon Holmdahl, Colville Tribal Enterprise Corp.

REGION 10 - RCRA UST EPA INSPECTION CONCLUSION DATA SHEET (ICDS) 2004 Form

***Inspector MUST provide information for the asterisked(*) questions – DO NOT leave blank**

Inspectors Name: Jim Greeves / Charlotte Boulind **Phone No.:** (360) 753-8072 (JG) / 3-6315 (CB)

1. Compliance Activity Type: Compliance Inspection
2. *Compliance Monitoring Activity Name (Facility Name): Colville Tribal Fish Hatchery
 UST Facility # (State ID) 4020050
 EPA ID Number (if different than state ID): _____
3. Compliance Monitoring Type: RCRA Hazardous & UST Compliance Evaluation Inspection (CEI)
4. Region: 10
5. *Name of onsite representative at facility during the inspection: Rodney Stensgar, Hatchery Manager
 *Street Address: P.O. Box 880, 77 Tribal Hatchery Road
 *City, State, Zip: Bridgeport, WA 98813

Small Business: Yes X No
(a small business or entity that employs 100 or few individual, all facilities and operations owned by the business. The numbers of employees should be considered as full time equivalents (2,000 hours per year of employment)).

Environmental Justice: Section forthcoming, following training. Tribally owned and operated.

6. * Date of Inspection: Begin: 4/07/04 End: 4/07/04 (mm/dd/yyyy)
7. Federal Statutes: RCRA
8. Sections: RCRA 9006
FISH HATCHERY
9. *SIC (4-digit): _____ or NAICS Code (5-digit): _____
(Enter one or more. If the code is not one of the common UST-related codes included below and you are not sure of the code, pencil in the facility type (i.e. gravel pit, airport fueling station, etc.)

UST-related SIC codes (4 digits)	UST-related NAICS codes (5 - 6 digits)
5541- Gasoline Service Stations	453998 - All Other Miscellaneous Store Retailers
5989- Fuel Dealers 599 Retail Stores	92119 - General Government
4932- Gas and Other Services Combined	811198 - All Other Automotive Repair and Maintenance

10. Compliance Monitoring Action Reason: (Check one of the following)
☐ Citizen Complaint/Tip ☒ Core Program ☐ Selected Monitoring Action ☐ Agency Priority
11. Compliance Monitoring Agency Type: EPA
12. Number of Days spent physically conducting the activity: 1
13. Number of Hours spent physically conducting the activity: 2.5
14. *Did you observe deficiencies (potential violations) during the onsite inspection?
 X Yes (if yes, you must answer the following two questions)
 No (if no, you cannot answer the following two questions)

***Deficiencies Observed:**

Check one or more of the following:

- ☒ Potential failure to maintain a record or failure to disclose a document
☒ Potential failure to follow or develop a required management practice or procedure
☐ Potential failure to report regulated events such as spills, accidents, etc.

15. *If you observed deficiencies, did you communicate them to facility during the inspection?

- ☒ Yes (if yes, you must answer the next question)
☐ No (if no, you cannot answer the next question)

16. *Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated to the facility?

- ☐ Yes (if yes, identify the action taken)
☒ No

Action(s) taken

- ☐ Complete(d) a Notification or Report
☐ Correct(ed) Record Keeping Deficiencies
☐ Implemented New or Improved Management Practices or Procedures
☐ Corrected Monitoring Deficiencies
☐ Verify (ied) Compliance with Previously Issued Enforcement Action - Part or All Conditions

17. *Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections? ☒ Yes ☐ No

18. *Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections? ☒ Yes ☐ No

Note: This form does not require EPA inspectors to provide compliance assistance.

Optional Information: (Describe actions taken by the facility or assistance provided to the facility.) Advised facility personnel on what records to keep and for how long, methods of release detection for tanks based on their equipment, and showing them how to print interstitial monitoring reports for tank and piping.

For Data Entry Staff Use Only:

Date and initials of person entering data into ICIS (mm/dd/yyyy): _____

NOTE TO EPA INSPECTORS

The main purpose of EPA inspections/evaluations is to determine compliance with environmental regulations and enforcement agreements. Secondary purposes include providing a field presence to create a credible deterrent and providing assistance, when appropriate, to help facilities achieve compliance.

- The ICDS is designed to identify readily observable corrections to deficiencies and compliance assistance activities. ICDS is NOT designed to capture ALL of the observations, findings and other data contained in the final inspection report. **Deficiencies identified as potential violations and actions to address deficiencies noted on the ICDS must be included in the final inspection/evaluation report.**
- ICDS information will be used to collect accomplishments of EPA's national inspection/evaluation efforts, develop outcomes for GPRA, and manage national compliance monitoring resources.
- The information will NOT be used to track individual EPA inspector's performance.
- The ICDS should **only** be used for EPA-led inspections or evaluations, not for state oversight inspections.

Instructions for Each Question:

1. **Compliance Activity Type:** "Compliance Inspection" is the only choice for EPA Inspectors.
2. **Compliance Monitoring Activity Name:** Enter the actual name and ID of the facility inspected/evaluated.
3. **Compliance Monitoring Type:** "RCRA Hazardous & UST Compliance Evaluation Inspection (CEI)" is the only choice for RCRA/UST inspectors at this time.
4. **Region:** Enter the EPA region associated with the inspection/evaluation. **Region 10** has been entered as the default choice.
5. **Name of onsite representative at facility during the inspection:** Enter the name of the person you spoke to during the inspection. Add address, City, State, Zip Code and check yes or no for small business. In the future, it is anticipated that inspectors will review **Environmental Justice** issues after training on evaluating facilities for Environmental Justice issues is provided.
6. **Actual Start and End Date of Inspection:** Enter the actual start and End date of the inspection/evaluation, both are required.
7. **Federal Statutes:** Statutes applies to the inspection/evaluation being conducted.
8. **Sections:** Since RCRA 9006 is the primary statute that authorizes the compliance inspection/evaluation, it is included as the default. You do not need to cite individual sections of 40 CFR part 280 here.
9. **SIC/NAICS Codes:** Identify the code corresponding to the facility. Commonly encountered UST-related SIC and NAICS codes are included in a table. Guidance on how to identify SIC or NAICS codes can be downloaded at (<http://www.doc.gov>), CD-Rom (PB98-502024) by calling NTIS (800-553-6847), or Inspector Website (<http://intranet.epa.gov.oeca/oc/mctd/inspector>.) If you are not sure of the code and do not have resources to look at the website, then describe the facility type.
10. **Compliance Monitoring Action Reason:** "Core Program" is currently the only choice; thus, it is included as the default entry.
11. **Compliance Monitoring Agency Type:** EPA. is the only choice available at this time.
12. **Number of Days spent physically conducting the activity:** Enter the number of days spent at activity. Not Required.
13. **Number of Hours spent physically conducting the activity:** Enter the number of hours spent at activity. Not Required
14. - 15. **Deficiencies Observed:** Check yes or no and one or more of the three (3) choices.
16. **Actions Taken:** Check YES if you observed the facility taking actions. Check only the action(s) actually observed/seen, or write a short description of the action in the "Optional" section.
17. **General Compliance Assistance:** Check YES if the EPA inspector provided general compliance assistance during the inspection or evaluation. Inspectors are not required to provide compliance assistance during inspections. General compliance assistance includes distributing or sharing information on industry regulatory compliance, pollution prevention, or technical written assistance materials or websites and EPA, state and local assistance programs.

18. Site-Specific Compliance Assistance: Check YES if the EPA inspector provided site-specific compliance assistance during the inspection or evaluation. Inspectors are **not** required to provide compliance assistance during inspections. Site-specific compliance assistance is defined in the National Policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections, dated June 25, 2003.

Data Collection Process:

→ Inspectors should complete the ICDS form *immediately* after the inspection or evaluation is completed.

→ Completed forms should be forwarded to the first-line supervisor or designated alternate **within five (5) days** after returning from either a single inspection/evaluation or a series of inspections/evaluations.

→ The first-line supervisor or designated alternate **must** review the ICDS for completeness and accuracy.

→ After review, the first line supervisor or designated alternate **must** forward the forms *immediately* to Melissa Whitaker, ORC-158 for entry into ICIS.



Field Notice Of Noncompliance For Tribally Owned/Managed Facility

No. 015



The Federal Environmental Protection Agency (EPA) is responsible for administration of underground storage tank (UST) laws on Indian Lands. Pursuant to federal regulation at 40 CFR Part 280, during an inspection on 4-7-2004 at this facility owned or operated by the Tribal Government, the following items of UST noncompliance were observed:

1 Description: <u>280.97</u> Failure to maintain a copy ^{current} copy of UST insurance on site.	Corrections Needed: Provide a copy of current tank insurance. Maintain a current copy on site
2 Description: <u>280.21(c)</u> Failure to maintain cathodic protection for piping.	Corrections Needed: 1) Provide at a copy cathodic protection installation documentation on for piping. 2) Submit a copy of cathodic protection test results for piping.
3 Description: <u>280.21(d)</u> Maintenance of spill buckets	Corrections Needed: Remove water from spill buckets and prevent water from entering.

provide by 5/7/04

This is **not** a notice of formal enforcement action. Consistent with the federal government trust relationship with tribes, EPA is providing this notice of its concern about the above-described noncompliance and its interest in working cooperatively with the tribal government to implement changes necessary for compliance. EPA is willing to provide technical assistance, as our resources allow, and would like the Tribe to respond by making a commitment to return to compliance in a timely manner. If compliance is achieved, EPA would not expect to take a formal enforcement action.

Tribal Official To Serve As Primary Contact Regarding This Notice		EPA Technical Assistance Contact	
Name: <u>Rodney Stensgar</u>	Tribe: <u>Colville</u>	Name: <u>Jim Greeves</u>	
Signature (and date, if after inspection):	Phone: <u>509-686-9330</u>	Office Address:	<u>EPA Washington ops office</u> <u>300 Desmond Dr SE St 102</u> <u>Lacey, WA 98503</u>
Name of Facility: <u>Colville Tribal Fish Hatchery</u>	Facility ID#: <u>4020050</u>	Phone:	<u>360-753-8072 / -8080</u>
Address: <u>77 Tribal Hatchery Rd</u> <u>Bridgeport, WA 98813</u>		Signature:	<u>Jim Greeves</u>

The violation(s) noted above have been described to me in satisfactory detail by the EPA technical assistance contact.

Signature of On-Site Facility Manager (if different from above)

8/1/03

EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM (SHORT)

Significant Compliance:

RD Upgrade

Facility# 4020050

Y N Y N

Inspection Date 4/7/04 Time 0900-11 GPS reading _____Lead Inspector Jim Greeves* Others Charlotte PaulardFacility Reps Rodney Stensgar*, Hatchery Manager

(* Credentials Presented)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☒ Digital ☐ OtherFacility Drainage (FD) questionnaire: ☐ Completed ☒ Not Completed ☐ Not ApplicableEnforcement Actions Taken Onsite: Tribe FNNC # 015 FC # _____ For \$ _____Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y NEnforcement Action Delayed for (Reason): _____ Given last time**Facility Information**Location Name Colville Tribal Fish HatcheryOwner Colville Confederated Tribes Operator (same) Rodney StensgarAddress (Loc/Owner/Op) 77 Tribal Hatchery Rd., P.O. Box 880City Bridget State WA Zip 98813 Phone (509) 686-98330Address (Loc/Owner/Op) P.O. Box 150City Naspelem State WA Zip 99155 Phone (509) 634-8836

Does not report to CETAC unlike Keller State & Naspelem trading acct.

Hatchery Manager

Tank #	1	2	3	4	5	6
<input type="checkbox"/> MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS						
<input type="checkbox"/> All (tanks covered) or (check which tanks are covered)						
Type: <input type="checkbox"/> Ins. <input type="checkbox"/> Self <input type="checkbox"/> Other _____ Dates Coverage: _____ In EPA Format? Y N						
Issuing Entity: <u>Colony Insurance Co.</u> <input type="checkbox"/> PSTF						
TANK STATUS						
Status (circle): <u>CIU</u> TOU POU	<input checked="" type="checkbox"/> All or					
Manifolded (M) or Compartmented (C) Tank?	_____					
Date installed: <u>3/89</u>	<input checked="" type="checkbox"/> All or					
Tank cap (gal):	<input type="checkbox"/> All or <u>2500</u> <u>500</u>					
Product in Tank:	<input type="checkbox"/> All or <u>diesel</u> <u>gasoline</u>					
Tank Material: BS CPS C <u>FRP</u> <u>DW</u> ExL Lin <u>brk</u>	<input checked="" type="checkbox"/> All or <u>O/C Tanks Corp. (Lowens-Corning)</u>					
Piping Material: GS <u>CPS</u> <u>FRP</u> FlexP DW SecC	<input checked="" type="checkbox"/> All or <u>Combo of both Steel going to generator</u>					
Piping Type: Grav Pres <u>SafeS</u> U.S.S	<input checked="" type="checkbox"/> All or					
Date last used:	<input type="checkbox"/> All or <u>NA</u>					
Closure Status: Removed In-Place Chg-In-Svc	<input type="checkbox"/> All or					
Site Assessment? Y N	<input type="checkbox"/> All or					

* Has photos of installation showing tanks & piping (date) 3/15/89 4/15/89

Tank #

1

2

3

4

5

6

LEAK DETECTION

☐ Manual Tank Gauging

MTG method correctly done? Y N

☐ All or☐ Tank Tightness Testing

Last TTT date? _____ Passed? Y N

☐ All or☐ Inventory Control

IC method correctly done? Y N

☐ All or☒ Automatic Tank Gauging

ATG method correctly done? Y N

☒ All or☐ Vapor Monitoring

Site assessment? Y N

☐ All or

VM method correctly done? Y N

☐ All or☐ Ground Water Monitoring

Site assessment? (ie: 3' < gw < 20') Y N

☐ All or

GWM method correctly done? Y N

☐ All or☐ SIR

SIR method correctly done? Y N

☐ All or☐ Interstitial Double-Wall Monitoring

Has the capability

Interstitial DW method correctly done? Y N

☐ All or☐ Interstitial Sec. Con. Monitoring

Interstitial SC method correctly done? Y N

☐ All or

PIPING

Safe suction

☐ ALLD(s) - Last annual test date: _____☐ All or☐ LTT(s) - Date last LTT _____ Passed? Y N☐ All or

Monthly Monitoring Method (circle): ATG VM GWM IM SIR

IM Sump Other _____

☐ All or

RECORDS

RD records verify compliance? Y N

☐ All orEquipment operated correctly and/or functioning? Y N Method(s)/Equipment name(s): ATG SIR IM Other _____Model/Name: Veeder-Root TLS-3000C

Third Party Evaluation(s) available for: ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y N

Comments: 4/13/03 T1 too low; missing 8/03; T2 too low on 7/13/03; 11/9/03 T2 too low
12/14/03 T2 too low; 2/8/04 T2 too low; 3/14/04 is okay. Reduced use of gasoline
tank on the last few months due to a management decision, which
changed their fleet vehicles.

Tank #	1	2	3	4	5	6
UPGRADE INFORMATION						
<input type="checkbox"/> CP Met on Tank(s) and Piping	<input type="checkbox"/> All or					
<input type="checkbox"/> Tank Lining						
Lining documentation provided? Y N	<input type="checkbox"/> All or					
Date of Lining: _____						
Date of last inspection, if required: _____	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Cathodic Protection System <i>Does not have any paperwork on install</i>						
Date of Passing Integrity Inspection: _____	<input type="checkbox"/> All or					
CP covers: <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping	<input type="checkbox"/> All or					
<input type="checkbox"/> Impressed Current System	<input type="checkbox"/> All or					
Installation Date: _____ Set at _____ amps						
<input checked="" type="checkbox"/> Sacrificial Anode System	<input type="checkbox"/> All or					
<input type="checkbox"/> Combination of both systems (describe in notes)	<input type="checkbox"/> All or					
<i>sometime in 2000</i> Installation Date: _____						
All Cathodic Protection Systems: Testing Requirements						
<input type="checkbox"/> 6 mo. CP test after installation (if applicable)?	<input type="checkbox"/> All or					
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of last test: _____ Passed? Y N	<input type="checkbox"/> All or					
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date previous test: _____ Passed? Y N	<input type="checkbox"/> All or					
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
Impressed Current						
<input type="checkbox"/> Last 3 (60 day) rectifier inspections documented?	<input type="checkbox"/> All or					
System On? Y N Observed amperage of _____ amps						
<input checked="" type="checkbox"/> Spill/Overfill Met (transfer > 25 gals.)						
<input checked="" type="checkbox"/> Spill Bucket	<input checked="" type="checkbox"/> All or	<i>@ 2" of 1/2" in each hole</i>				
<input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Flow Restrictor <i>Observed</i>	<input checked="" type="checkbox"/> All or					
<input type="checkbox"/> Automatic Alarm	<input type="checkbox"/> All or					
<input type="checkbox"/> Spill/Overfill NOT Req'd (transfer ≤ 25 gals.) <input type="checkbox"/> All or						
Inspector's Signature <i>[Signature]</i> Date: <i>4/7/04</i>						

4020050

- Previous violation for ~~10/5/00~~ ^{signature} not valid. Delete. ~~Photos~~ of installation show ~~bleeding piping~~. Found check valve at dispenser and there is a delay when you turn on the pump & actually getting the fuel.
- CP test station installed next to diesel tank. Mr. Stensgar said that it was done at the same time in 2000 when the Veeder-Root was installed.
- The Veeder-Root replaced the older IM system, which was still present on the side of the shed, but not connected.
- Not sure where anodes were placed (ie protecting the steel piping to generator, metal piping in dispensers). Requesting copy of original install paperwork & testing as it was installed approximately 3 1/2 yrs ago.
- Mr. Stensgar said that he would order new gaskets for the fills.
- Time not correct on ATG, approx. 4 hrs off.
- Showed & wrote instructions on back of the slips on how Mr. Stensgar can print the Alarm History report & Liquid Status Report for the IM of the brine interstitial space if he cannot get a valid test (tank leak test) b/c of low product.



COLVILLE TRIBAL FISH HATCHERY

Rodney Stensgar
Hatchery Manager

P.O. Box 880, Hwy. 17
Bridgeport, WA. 98813
Hm. (509) 686-3314

cctfins@televar.com Wk. (509) 686-9330 • Fax (509) 686-2100



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
WASHINGTON OPERATIONS OFFICE
300 Desmond Drive SE, Suite 102
Lacey, Washington 98503

FILE COPY

March 17, 2004

Colville Confederated Tribes
Colville Tribal Fish Hatchery
P.O. Box 150
Nespelem, WA 98155

Dear UST Owner / Operator:

The United States Environmental Protection Agency (EPA) has selected your facility to conduct an underground storage tank (UST) system inspection at the following address:

**Colville Tribal Fish Hatchery
13854 Hwy 17
Bridgeport, WA 98813
EPA Facility ID No. 4020050**

This inspection will be conducted during the week of April 5, 2004, (preferably the afternoon of April 5th) along with other inspections of UST facilities in your area. Before the inspection, I will be calling to set up an appointment with you or your representative. Please keep in mind that the inspection may last 1 to 2 hours.

The purpose of the inspection is to evaluate whether your facility is in compliance with federal regulations that pertain to UST systems. During the inspection, we will be able to answer any questions that you may have on your system. Please take advantage of this opportunity to gain a better understanding of your UST system and the federal requirements. Also, please keep in mind that we are available to answer any questions you might have at any time, not just during inspections. Our main goal is to assist you in maintaining compliance with the federal UST regulations.

However, it should be noted that if an owner / operator does not make a good faith effort to obtain and maintain compliance, EPA has the authority to pursue any enforcement action deemed necessary as allowed by the law. Such enforcement action can include a fine of up to \$11,000 per day, per tank for each violation.

To adequately prepare for the inspection, please have the individual most familiar with your UST system available to meet with us. During the inspection, please have all areas that are normally secured in some manner (e.g. sump covers, fill caps, etc.) **UNLOCKED and/or UNBOLTED**. Also, have someone available to lift and remove covers from the UST equipment. If equipped with an overfill alarm, be prepared to make it sound. Also, there are several documents that you must have available at the facility at the time of the inspection. A list of these documents is enclosed with this letter.

1900 753-8072
If you have any questions about the inspection or the documents that you must have on hand during the inspection, please contact me immediately at (360) 753-8072 or greeves.jim@epa.gov. Thank you for your cooperation with this matter.

Sincerely,



Jim Greeves
UST Inspector

Enclosure

DOCUMENTS REQUIRED DURING AN EPA UST INSPECTION

1. Financial Responsibility / Insurance Documentation

- A "Certificate of Insurance" or "Endorsement" with associated paperwork listing the inspected facility as being covered under the policy
- In cases of self insurance, a signed copy of the current "Letter from Chief Financial Officer" and associated paperwork listing the inspected facility as being covered under the letter

2. Petroleum Release Detection

- Monthly inventory records for the past 12 months (e.g. statistical inventory, Automatic Tank Gauging [ATG] or manual tank sticking records)
- Monthly monitoring records for the past 12 months if using interstitial monitoring or groundwater or vapor monitoring
- If using an ATG, the manufacturer's "Results of U.S. EPA Standard Evaluation" or a "third party evaluation"
- Equipment calibration, maintenance and repair records and schedules prescribed by the manufacturer to keep equipment functioning properly
- Latest annual test of automatic line leak detectors (if your piping is pressurized)
- Records of any tightness testing for each tank and associated piping

3. Repairs and Upgrades to UST Systems (*if any such work was made to your system*)

- Repair records (e.g. invoices)
- Photos of installation
- Warranties with installation date and type of equipment
- Paid invoices of equipment and servicing

4. Cathodic Protection (i.e. Rust Prevention) (*if you have steel tanks and/or piping*)

- Plans/maps of the cathodic protection system
- Integrity assessment (i.e. an inspection by a qualified cathodic protection tester per 40 CFR §280.31) if added to an existing tank
- Test results of the last two corrosion system tests required within 6 months of installation and every 3 years thereafter
- For impressed current systems, the results of the last three inspections as documented in your log of impressed current readings that are required every 60 days

5. Lined Steel Tanks (*if your tank is made of steel and is lined*)

- Integrity assessment (i.e. an inspection per 40 CFR §280.21(b)(1)) if added to an existing tank
- Internal inspection if lining is greater than 10 years old

8/1/03

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM (INDIAN)**

Significant Compliance:

RD Upgrade

(Y) N Y (N)

Facility# 4020050Inspection Date 4/7/04 Time 9:00 GPS reading _____Lead Inspector Jim Greaves Others W Charlotte BouhndFacility Reps Rodney Stensgar *

Tribal Reps _____ (* Credentials Presented)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☒ Digital ☐ OtherFacility Drainage (FD) questionnaire: ☐ Completed ☒ Not Completed ☐ Not ApplicableEnforcement Actions Taken Onsite: FNNC # 15 FC # 25 For \$ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y (N)

Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Colville Tribal Fish Hatchery

Owner _____ Operator _____

Address (Loc/Owner/Op) 77 Tribal Hatchery Rd / PO Box 880City Bridgeport State WA Zip 98813 Phone 509 686-9338

Address (Loc/Owner/Op) _____

City _____ State _____ Zip _____ Phone _____

Tank #	1	2	3	4	5	6
<input type="checkbox"/> MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS						
<input type="checkbox"/> All (tanks covered) or (check which tanks are covered)						
Type: <input checked="" type="checkbox"/> Ins. <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Other _____			Dates Coverage: <u>1-00 to 1/01</u>			
Issuing Entity: <u>Colony Ins.</u>			Policy No.:		In EPA Format? Y N	
TANK STATUS						
Status (circle): <u>CIL</u> TOU POU <input type="checkbox"/> All or	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Manifolded (M) or Compartmented (C) Tank?	<u>—</u>	<u>—</u>				
Date installed: <u>3/89</u> <input type="checkbox"/> All or	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Tank cap (gal): <input type="checkbox"/> All or	<u>2500</u>	<u>500350</u>				
Product in Tank: <input type="checkbox"/> All or	<u>DSL</u>	<u>UNK</u>				
Tank Material: BS CPS C <u>FRP</u> <u>DW</u> ExL Lin <input type="checkbox"/> All or						<u>Brine Filled</u>
Piping Material: GS CPS <u>FRP</u> FlexP DW SecC <input type="checkbox"/> All or						
Piping Type: Grav Pres <u>SafeS</u> U.S.S. <input type="checkbox"/> All or						<u>Sand check valves at dispenser pump.</u>
Date last used: <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All or						
Site Assessment? Y N <input type="checkbox"/> All or						

Tank #	1	2	3	4	5	6
LEAK DETECTION						
<input type="checkbox"/> Manual Tank Gauging						
MTG method correctly done?	Y	N	<input type="checkbox"/> All or			
<input type="checkbox"/> Tank Tightness Testing						
Last TTT date?		Passed?	Y	N	<input type="checkbox"/> All or	
<input type="checkbox"/> Inventory Control						
IC method correctly done?	Y	N	<input type="checkbox"/> All or			
<input checked="" type="checkbox"/> Automatic Tank Gauging						
ATG method correctly done?	(Y)	N	<input checked="" type="checkbox"/> All or	✓	✓	Some invalids for Unleaded
<input type="checkbox"/> Vapor Monitoring						
Site assessment?	Y	N	<input type="checkbox"/> All or			
VM method correctly done?	Y	N	<input type="checkbox"/> All or			
<input type="checkbox"/> Ground Water Monitoring						
Site assessment? (ie: 3'<gw<20')	Y	N	<input type="checkbox"/> All or			
GWM method correctly done?	Y	N	<input type="checkbox"/> All or			
<input type="checkbox"/> SIR						
SIR method correctly done?	Y	N	<input type="checkbox"/> All or			
<input type="checkbox"/> Interstitial Double-Wall Monitoring						
Interstitial DW method correctly done?	Y	N	<input type="checkbox"/> All or			Brine filled FRP tanks with sensor
<input type="checkbox"/> Interstitial Sec. Con. Monitoring						
Interstitial SC method correctly done?	Y	N	<input type="checkbox"/> All or			
PIPING						
Suction pump						
<input type="checkbox"/> ALLD(s) - Last annual test date:			<input type="checkbox"/> All or			
<input type="checkbox"/> LTT(s) - Date last LTT		Passed?	Y	N	<input type="checkbox"/> All or	
Monthly Monitoring Method (circle): ATG VM GWM IM SIR						
IM Sump	Other		<input type="checkbox"/> All or			
RECORDS						
RD records verify compliance?	(Y)	N	<input checked="" type="checkbox"/> All or	✓	✓	
Equipment operated correctly and/or functioning? Y N Method(s)/Equipment name(s): (ATG) SIR IM Other						
Model/Name: Veeder Root TLS-300c						
Third Party Evaluation(s) available for: ATG SIR IM Sensors ALLD Other In Compliance with Evaluation? (Y) N						
Comments: 11-12 UNL Invalid test 2 (4 months of invalid test)						

Tank #	1	2	3	4	5	6
UPGRADE INFORMATION						
<input type="checkbox"/> CP Met on Tank(s) and Piping	<input type="checkbox"/> All or					
<input type="checkbox"/> Tank Lining						
Lining documentation provided? Y N	<input type="checkbox"/> All or					
Date of Lining: _____						
Date of last inspection, if required: _____	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Cathodic Protection						
Date of Passing Integrity Inspection: _____	<input type="checkbox"/> All or					
CP covers: <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping	<input type="checkbox"/> All or					
<input type="checkbox"/> Impressed Current System	<input type="checkbox"/> All or					
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60-day) rectifier inspections documented?	<input type="checkbox"/> All or					
System On? Y N Observed amperage of _____ amps						
<input checked="" type="checkbox"/> Sacrificial Anode System	<input type="checkbox"/> All or					
<input type="checkbox"/> Combination of both systems (describe in notes)	<input type="checkbox"/> All or					
Installation Date: <u>2000</u>						
CP Testing Requirements <u>Steel pipe from tank to emergency generator and to dispensers - CIP was added to protect pipe. Need CIP test.</u>						
<input type="checkbox"/> 6 mo. CP test after installation (if applicable)	<input type="checkbox"/> All or					
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input checked="" type="checkbox"/> Piping						
<input type="checkbox"/> Date of last test: _____ Passed? Y N	<input type="checkbox"/> All or					
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date previous test: _____ Passed? Y N	<input type="checkbox"/> All or					
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Spill/Overfill Met (transfer > 25 gals.)						
<input checked="" type="checkbox"/> Spill Bucket	<input checked="" type="checkbox"/> All or	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> All or					
<input checked="" type="checkbox"/> Flow Restrictor <u>Verified</u>	<input checked="" type="checkbox"/> All or	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input type="checkbox"/> Automatic Alarm	<input type="checkbox"/> All or					
<input type="checkbox"/> Spill/Overfill NOT Req'd (transfers ≤ 25 gals.)						
Inspector's Signature <u>Jim Graves</u> Date: <u>4-7-04</u>						

Steel piping on product lines
DSL tank supplies both fuel/dispenser and an
emergency generator.

Gas not used much -
Showed Rodney how to get Intestitia/Monitor
reports to back up Tank Leak test for
release detection

Found Check valves at pumps

Did not have current F/R - tank insurance

Facility Summary for R10 Facility ID # 4020050

Owner Name and Address: COLVILLE CONFEDERATED TRIBES PO BOX 150, Nespelem, WA 99155

Location Name	Location Street Address	Location City	Zip
4020050 Colville Tribal Fish Hatchery	P.O. Box 880, 13854 Hwy. 17	Bridgeport	98813

Tank ID	Installed	Product	Tank Mat'l of Construction	Piping Material	Piping Type	Tank Release Detection	FR Met
Status	Age (yr)	Capacity	Secondary Option	Secondary Option		Piping Release Detection	Spill/Over/CP
001	3/1/1989	Diesel	Fiberglass Reinforced Plastic	Galvanized Steel	Safe Suction	A B C D E F G H I J K L	Yes
Currently In Use	15	2,500	Double-Walled	Cathodically Protected		B D E F G H I J K L	Yes Yes Yes
002	3/1/1989	Gasoline	Fiberglass Reinforced Plastic	Galvanized Steel	Safe Suction	A B C D E F G H I J K L	Yes
Currently In Use	15	550	Double-Walled	Cathodically Protected		B D E F G H I J K L	Yes Yes Yes

Tank/Piping Release Detection Codes

A Manual Tank Gauging	C Inventory Control	E Vapor Monitoring	G Interstit. Dbl-Wall Monitor	I SIR	K Deferred
B Tank/Line Tightness Testing	D ATG/Auto Line LD	F GW Monitoring	H Interstit. Sec. Con. Monitor	J Other Methods	L Not Listed

Report Generation Date: 4/19/2004

OPTIONAL FORM 89 (7-80)

FAX TRANSMIT

To: *Ray Allen* From: *Jim Greaves*

Dept./Agency: *360-753-8072* Page #

Fax: *509-467-3910* Fax #

NSN 7540-01-317-7388 5099-101

GENERAL SERVICES ADMINISTRATION

of pages: *1*

Page 1



UST Program Field Notice of Non-compliance

No.

385

The Environmental Protection Agency (EPA) is responsible for the enforcement of underground storage tank (UST) laws that protect human health and the environment. Pursuant to federal regulation at 40 CFR Part 280, during an inspection on

10-5-00

the following items of UST non-compliance were observed at your facility:

1	Description: No DOCUMENTS SHOWING FINANCIAL RESPONSIBILITY AVAILABLE (FR)	Correction Required: PROVIDE 'CERTIFICATE OF INSURANCE' OR ENDORSEMENT TO SHOW FR	Deadline: 11-15-00
2	Description: MONTHLY 'PASS' LEAK DETECTION NOT AVAILABLE FOR EACH OF LAST 12 MONTHS.	Correction Required: PROVIDE 'PASS' LEAK DETECTION RESULT FOR MONTH OF OCTOBER 2000.	Deadline: 11-15-00
3	Description: No OVERFILL PROTECTION APPARENT.	Correction Required: PROVIDE PROOF OF OVERFILL PROTECTION	Deadline: 11-15-00
4	Description: LINE TIGHTNESS TEST REQUIRED ON Suction LINES EVERY 3 YRS. - NONE PROVIDED	Correction Required: HAVE BOTH Suction LINES TIGHTNESS TESTED	Deadline: 11-15-00

WARNING

The EPA wishes to work cooperatively with you as the owner and/or operator of this facility to resolve the violations(s) listed above at this time. Therefore, no penalty will currently be assessed. However, if you fail to complete the above noted compliance task(s) before the listed deadline(s), you will become subject to citation and/or formal enforcement action. Such enforcement actions mandate compliance and carry monetary penalties as high as \$10,000 for every day of continued violation on each underground tank.

Notify your EPA contact person (listed below) immediately if you are unable to perform the required actions within the specified dates.

EPA Inspector	
Name:	DAVID BIRNEY
Office Address:	1919 EAST FRANCIS SPOKANE, WA 99207
Phone:	509 484-9341 EXT 225
Signature:	<i>[Signature]</i>

Facility Information	
Name of Facility:	TRIBAL FISH HATCHERY
Facility ID #	4-020050
Address:	P.O. Box 880 Hwy 17 BRIDGEPORT, WA 98813
Contact:	RODNEY STENSGAARD
Phone:	509 686-3314
Signature:	<i>[Signature]</i> (Signature acknowledges receipt only)



UST Program Field Notice of Non-compliance

No.

386

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1	Description: <i>Suction Lines appear to be metal - in contact with ground</i>	Correction Required: <i>Show lines containing diesel are non-corrosive material or not in contact with ground</i>	Deadline:
2	Description: <i>Portions of suction lines are metal (@ riser & under dispenser + to generator)</i>	Correction Required: <i>Cathodically protect metal pipe which regularly contains product & is in contact with ground</i>	Deadline: <i>11-15-00</i>
3	Description:	Correction Required:	Deadline:
4	Description:	Correction Required:	Deadline:

WARNING

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Phone:	<i>509 484-9341 EXT 225</i>
Signature:	<i>[Signature]</i>

Facility Information	
Name of Facility:	<i>TRIBAL FISH HATCHERY</i>
Facility ID #	<i>4-020050</i>
Address:	<i>PO Box 880 Hwy 17 BRIDGEMT, WA 98813</i>
Contact:	<i>RODNEY STEWART</i>
Phone:	<i>509 686-3314</i>
Signature:	<i>[Signature]</i> (Signature acknowledges receipt only)

Facility# 4-02 0050

REGION 10

UNDERGROUND STORAGE TANK

INSPECTION FORM (SHORT)

Inspection Date 10-5-00 Time 10:45 A GPS reading _____Lead Inspector DAVID BURNEY Others _____Facility Reps RODNEY

(* Credentials Present)

Visual Documentation of Inspection: ☒ 35mm pictures ☐ Video Footage ☐ OtherFacility Drainage (FD) questionnaire: ☒ Completed ☐ Not Completed ☐ Not ApplicableEnforcement Actions Taken On Site: FNONC # 3854 386 FC # _____ For \$ _____Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y

Facility Information

Location Name Colville CONFEDERATED TRIBAL FISH HATCHERYOwner _____ Operator RODNEY STENGARAddress (Loc/Owner/Op) 77 TRIBAL HATCHERY RDCity PRIDGEPORT State WA Zip 98813 Phone 509 686-9330

Address (Loc/Owner/Op) _____

City _____ State _____ Zip _____ Phone _____

Tank #	1	2	3	4	5	6
--------	---	---	---	---	---	---

☐ FINANCIAL RESPONSIBILITY☐ All (tanks covered) or (check which tanks are covered)Type: ☐ Ins. ☐ Self ☐ Other _____ Dates Coverage: _____ In EPA Format? YIssuing Entity: NO ☐ PST

TANK STATUS

Status (circle): <u>In Use</u> TOS POS	<input type="checkbox"/> All or	
Date installed:	<input type="checkbox"/> All or	<u>89</u>
Tank cap (gal):	<input type="checkbox"/> All or	<u>2500</u>
Tank Material: BS CPS Comp <u>FRP</u> <u>DW</u> Excav Lin Lined		
Piping Material: GS CPS <u>FRP</u> <u>DW</u> FlexP CPS SecCont		
Piping Type: Grav Pres SafeS U.S.S.	<input type="checkbox"/> All or	
Product in tank:	<input type="checkbox"/> All or	<u>D</u>
Date last used:	<input type="checkbox"/> All or	
Closure Status: Removed In-Place Chg-in-Svc	<input type="checkbox"/> All or	
Site Assessment? <u>Y</u> <u>N</u>	<input type="checkbox"/> All or	

COLVILLE TRIBAL
FISH HATCHERYRodney Stensgar
Hatchery ManagerP.O. Box 880, Hwy. 17
Bridgeport, WA, 98813
Hm. (509) 686-3314
Wk. (509) 686-9330 • Fax (509) 686-2100

cctfins@televar.com

Inspection-Related Notes:

Don't know if have FR. Facility has insurance.

ATG. Leak Test - NOT ^{PAID} ~~Done~~ Monthly

No visible overfill prevention

Diesel tank has 2 lines 1 to Dispenser

1 to Generator.

Generator As Built shows Black iron pipe + Foot Valve.

LTI RECD EVERY 3 YRS.

Tank #

1

2

3

4

5

6

LEAK DETECTION☐ Manual Tank Gauging

MTG method correctly done?

☐ All or☐ Tank Tightness Testing

Last TTT date? _____

☐ All or☐ Inventory Control

IC method correctly done?

☐ All or☒ Automatic Tank Gauging

ATG method correctly done?

☐ All or

NO

☐ Vapor Monitoring

Site assessment?

☐ All or

VM method correctly done?

☐ All or☐ Ground Water Monitoring

Site assessment? (ie: 3' < gw < 20')

☐ All or

GWM method correctly done?

☐ All or☐ SIR

SIR method correctly done?

☐ All or☐ Interstitial Double-Wall Monitoring

Interstitial DW method correctly done?

☐ All or☐ Interstitial Sec. Con. Monitoring

Interstitial SC method correctly done?

☐ All or**PIPING**☐ ALLD(s); Last annual test date: _____☐ All or☐ LTT(s); Date last LTT _____☐ All or

NO

Monthly Monitoring Method (circle): VM GWM IM SIR

IMSump Other _____

☐ All or**RECORDS**RD records verify compliance? Y ☒ N☐ All or

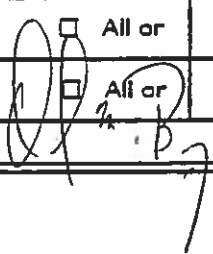
Method(s)/Equipment operated correctly and/or functioning? Y N Comment

Method(s)/Equipment name(s): ATG SIR IM Other _____

Model/Name: _____

Veeva Root TCS 300c

Third Party Evaluation(s) available for: ☒ ATG ☐ SIR ☐ IM ☐ Sensors ☐ ALLD ☐ Other _____In Compliance with Evaluation? ☒ Y ☐ N

Tank #	1	2	3	4	5	6
UPGRADE INFORMATION						
<input type="checkbox"/> CP Met on Tank(s) and Piping	<input type="checkbox"/> All or	NO				
<input type="checkbox"/> Tank Lining						
Lining documentation provided? Y N	<input type="checkbox"/> All or					
Date of last inspection, if required: _____	<input type="checkbox"/> All or					
<input type="checkbox"/> Cathodic Protection System						
Date of Passing Integrity Inspection: _____	<input type="checkbox"/> All or					
CP covers: <input type="checkbox"/> Tanks <input type="checkbox"/> Piping	<input type="checkbox"/> All or					
<input type="checkbox"/> Impressed Current System	<input type="checkbox"/> All or					
<input type="checkbox"/> Sacrificial Anode System	<input type="checkbox"/> All or					
<input type="checkbox"/> Combination of both systems (describe in notes)	<input type="checkbox"/> All or					
All Cathodic Protection Systems: Testing Requirements						
<input type="checkbox"/> 6 mo. CP test after installation (if applicable)?	<input type="checkbox"/> All or					
<input type="checkbox"/> Date of last test: _____ Passed? Y N	<input type="checkbox"/> All or					
<input type="checkbox"/> Date previous test: _____ Passed? Y N	<input type="checkbox"/> All or					
Impressed Current						
<input type="checkbox"/> Last 3 (60 day) rectifier inspections documented?	<input type="checkbox"/> All or					
<input type="checkbox"/> Spill/Overfill Met (transfer > 25 gallons)						
<input checked="" type="checkbox"/> Spill Bucket	<input type="checkbox"/> All or					
<input type="checkbox"/> Ball Float Valve ?	<input type="checkbox"/> All or	?				
<input type="checkbox"/> Flow Restrictor ?	<input type="checkbox"/> All or	?				
<input type="checkbox"/> Automatic Alarm NO	<input type="checkbox"/> All or	NO				
Inspector's Signature 		Date: 10-5-00				

EPA UST Program Field Notice of Non-compliance

No.

385

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10-5-00

the following items of UST non-compliance were observed at your facility:

NOV 09 2000

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4	Description: LINE TIGHTNESS TEST REQUIRED ON Suction LINES EVERY 3 YRS - NONE PROVIDED	Correction Required: HAVE BOTH Suction LINES TIGHTNESS TESTED	Deadline: 11-15-00

WARNING

The EPA wishes to work cooperatively with you as the owner and/or operator of this facility to resolve the violations(s) listed above at this time. Therefore, no penalty will currently be assessed. However, if you fail to complete the above noted compliance task(s) before the listed deadline(s), you will become subject to citation and/or formal enforcement action. Such enforcement actions mandate compliance and carry monetary penalties as high as \$10,000 for every day of continued violation on each underground tank.

Notify your EPA contact person (listed below) immediately if you are unable to perform the required actions within the specified dates.

EPA Inspector	
Name:	DAVID BIRNEY
Office Address:	1919 EAST FRANCIS SPOKANE WA 99207
Phone:	509 484-9341 EXT 225
Signature:	[Signature]

Facility Information	
Name of Facility:	TRIBAL FISH HATCHERY
Address:	P.O. Box 880 HWY 17 BRIDGEPORT, WA 98813
Contact:	RODNEY STENSGAARD
Signature:	[Signature]
Phone:	509 686-3314

EPA UST Program Field Notice of Non-compliance

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386

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10-5-00

the following items of UST non-compliance were observed at your facility:

<p>1</p> <p>Description: <i>Suction Lines appear to be metal - in contact with ground</i></p>	<p>Correction Required: <i>Show lines containing Diesel are non-corrosive material or not in contact with ground</i></p>	<p>Deadline:</p>
<p>2</p> <p>Description: <i>Portions of suction lines are metal (@ riser & under dispenser + to generator)</i></p>	<p>Correction Required: <i>Cathodically protect metal pipe which regularly contains product & is in contact with ground</i></p>	<p>Deadline: <i>11-15-00</i></p>
<p>3</p> <p>Description:</p>	<p>Correction Required:</p>	<p>Deadline:</p>
<p>4</p> <p>Description:</p>	<p>Correction Required:</p>	<p>Deadline:</p>

WARNING

The EPA wishes to work cooperatively with you as the owner and/or operator of this facility to resolve the violations(s) listed above at this time. Therefore, no penalty will currently be assessed. However, if you fail to complete the above noted compliance task(s) before the listed deadline(s), you will become subject to citation and/or formal enforcement action. Such enforcement actions mandate compliance and carry monetary penalties as high as \$10,000 for every day of continued violation on each underground tank.

Notify your EPA contact person (listed below) immediately if you are unable to perform the required actions within the specified dates.

EPA Inspector	
Name:	<i>David Birney</i>
Office Address:	<i>1919 East Francis Spokane WA 99207</i>
Phone:	<i>509 484-9341 Ext 225</i>
Signature:	<i>[Signature]</i>

Facility Information	
Name of Facility:	<i>Tribal Fish Hatchery</i>
Facility ID #	<i>4-020050</i>
Address:	<i>PO Box 880 Hwy 17 Bridgeport, WA 98813</i>
Contact:	<i>Rodney Stenwig</i>
Phone:	<i>509 686-3314</i>
Signature:	<i>[Signature]</i>

(Signature acknowledges receipt only)

Colville TRIBAL HATCHERY

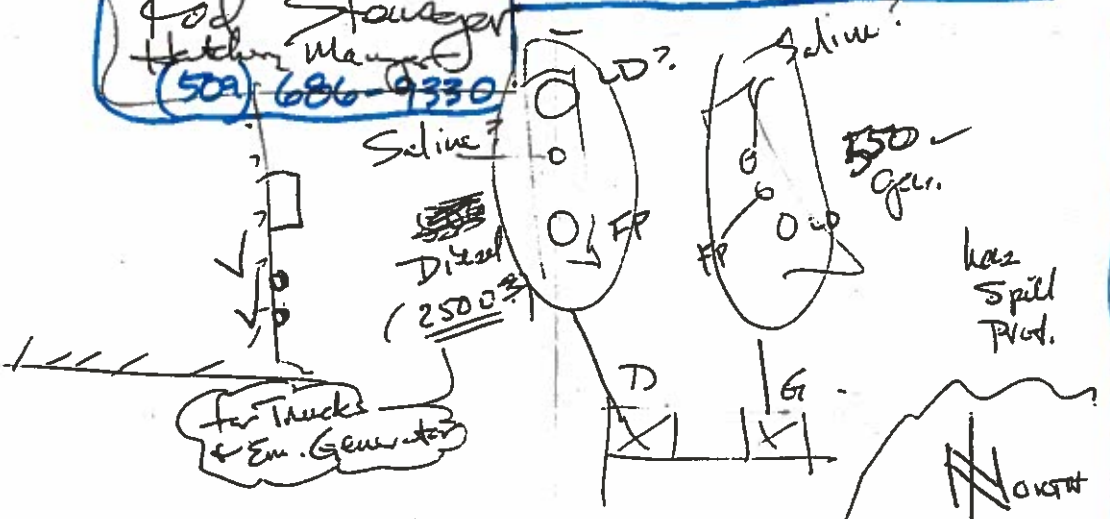
PUBLICATIONS LEFT WITH FACILITY CONTACT

Person Left With: RODNEY S Date: 10-5-00

- ✓ Musts for USTs: A Summary of Federal Regulations For Underground Storage Tank Systems
 - 40 CFR 280. Technical Standards and Corrective Action Requirements...
 - Don't Wait Until 1998: Spill, Overfill, and Corrosion Protection for Underground Storage Tanks
 - Closing Underground Storage Tanks: Brief Facts
 - Financing Underground Storage Tank Work: Federal and State Assistance Programs
- ✓ Straight Talk On Tanks: Leak Detection Methods for Petroleum Underground Storage Tanks...
 - Detecting Leaks: Successful Methods Step-by-Step
 - Leak Detection Fact Sheet #1: For Some USTs, Inventory Control "Expires" December 22, 1998
 - Doing Inventory Control Right for Underground Storage Tanks
 - Manual Tank Gauging for Small Underground Storage Tanks
 - Introduction To Statistical Inventory Reconciliation for Underground Storage Tanks
 - Leak Lookout
 - Getting The Most Out Of Your Automatic Tank Gauging System
- ✓ Dollars And Sense: Financial Responsibility Requirements For Underground Storage Tanks
 - 40 CFR 280. Subpart H- Financial Responsibility
 - Information on SPCC Plans. 40 CFR 112
 - Shallow Injection Wells And How They Affect Drinking Water
- Others: _____

Colville Tribal Fish Hatchery
 P.O. Box #4-020050

John Stouffer
 Hatchery Manager
 (509) 686-9330



Installed 4/89

Farm exemption? not 7500!

LD - Owens Corning
 Fiberglass
 Hydrostatic
 Tank Monitor

FR Tribal
 exemption OK
 til 1998

LD —
 FR —
 NF —

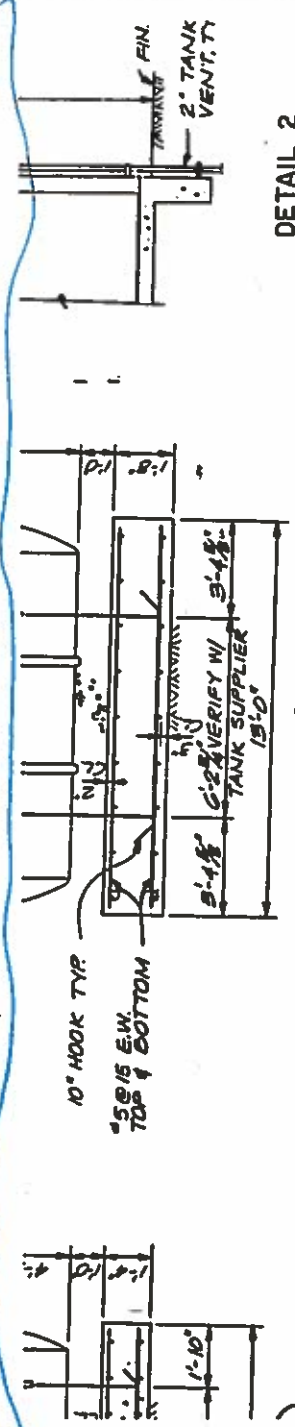
(?) piping - fiberglass
 hopefully

(?) overfill protection

is Tribal
 Self Insured?
 As of 12/98
 not worth.

prove to
 Matt

9/20/95
 Gr. Keel
 W. Buy d



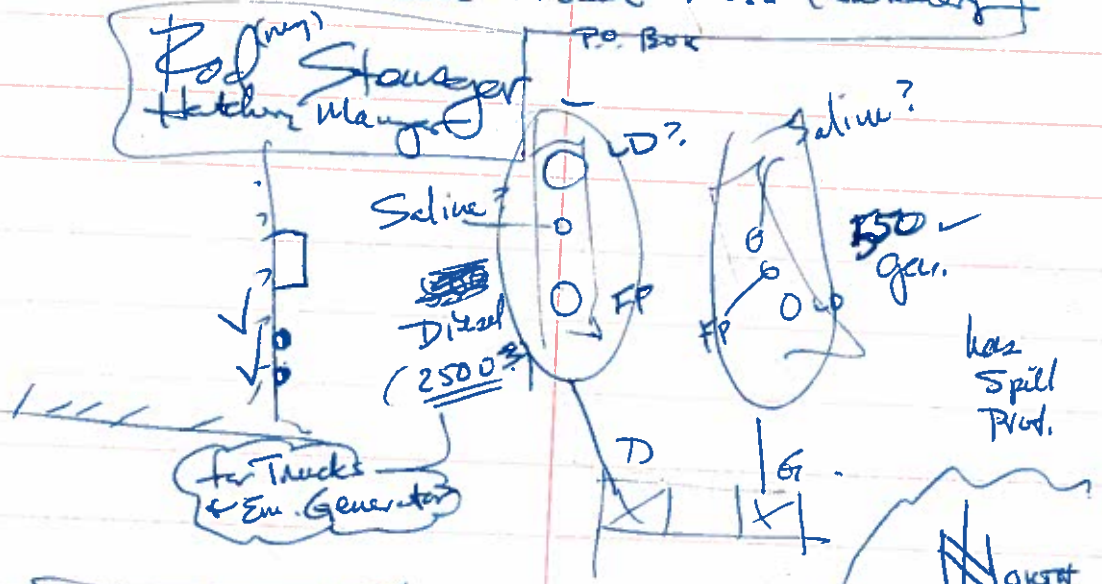
DETAIL 2
 SCALE: 1/4" = 1'-0"

AS-BUILTS (?)
 COLVILLE TRIBAL
 11-1-2007

SECTION 00 (2/3)
 SCALE: 3/8" = 1'-0"

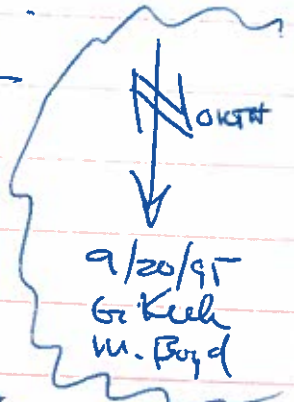
2'-0" SA

Colville Tribal Fish Hatchery



Install 4/89

Farm exemption? with 2500!



LD - Owens Corning
Fiberglass
Hydrostatic
Tank Monitor

FR Tribal
exemption OK
til 1998

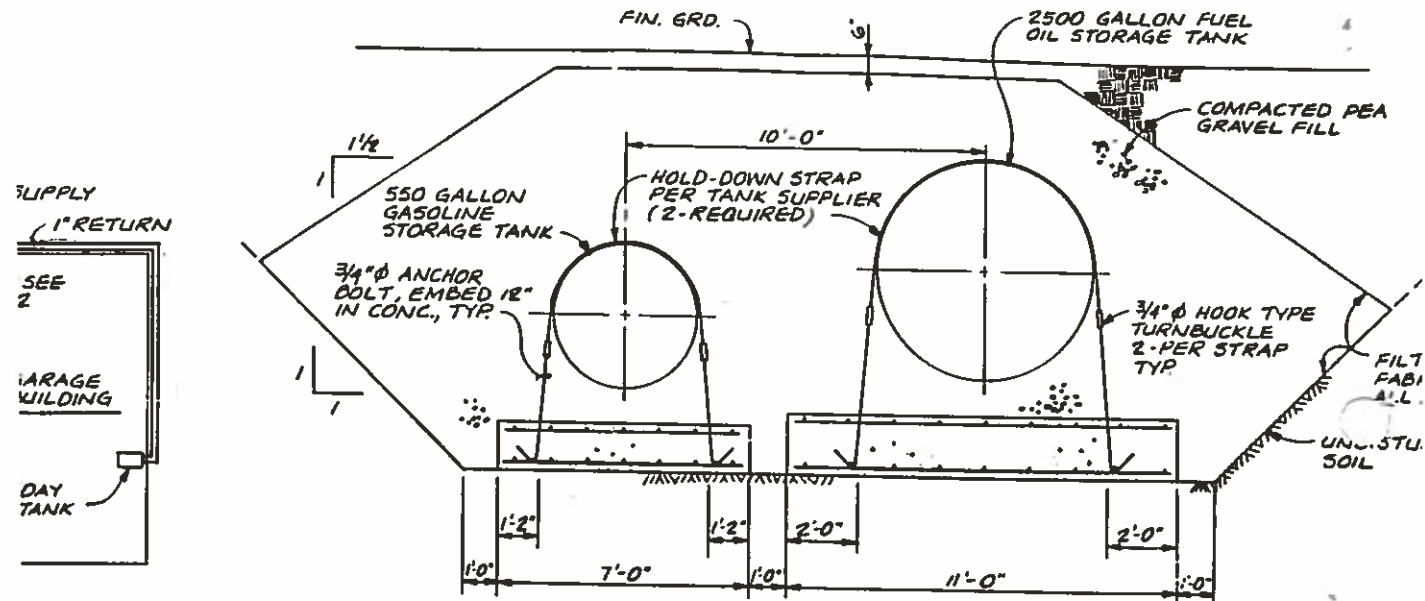
LD —
FR —
NF —

① piping - fiberglass
hopefully

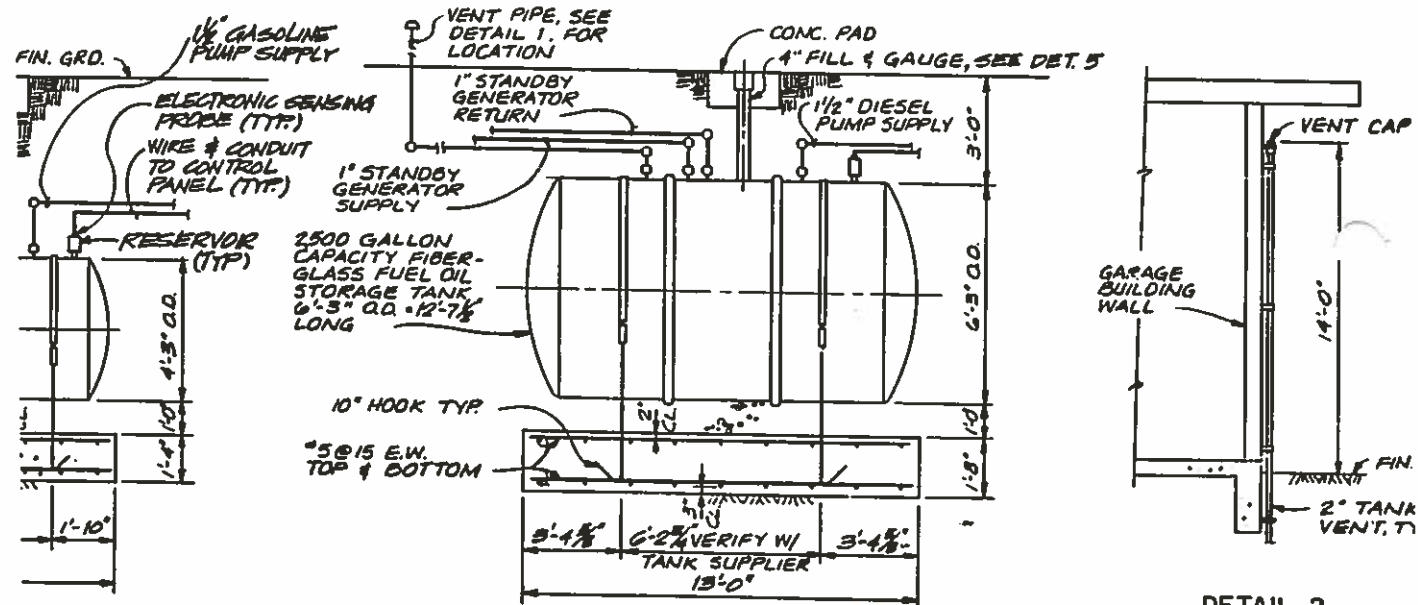
② overfill protection

is Tribal
Self Insured?
AZ22M
net worth.

prove to
Matt



SECTION **B**
SCALE: $\frac{3}{8}$ " = 1'-0"



SECTION **D**
SCALE: $\frac{3}{8}$ " = 1'-0"

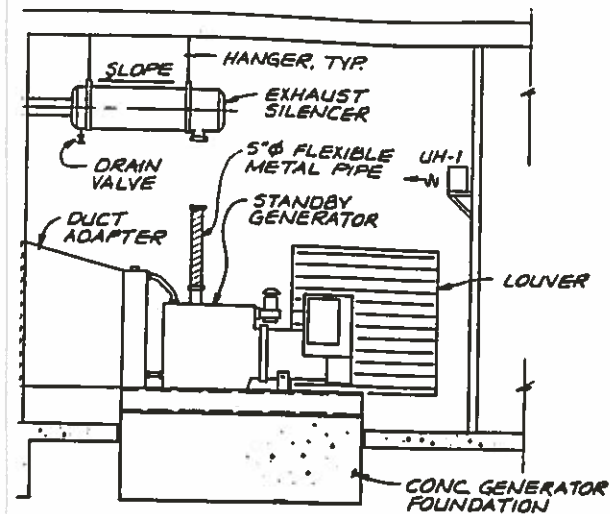
DETAIL 2
SCALE: $\frac{1}{4}$ " = 1'-0"

AS-BUILTS(?)
COLVILLE TRIBAL
FISH HATCHERY

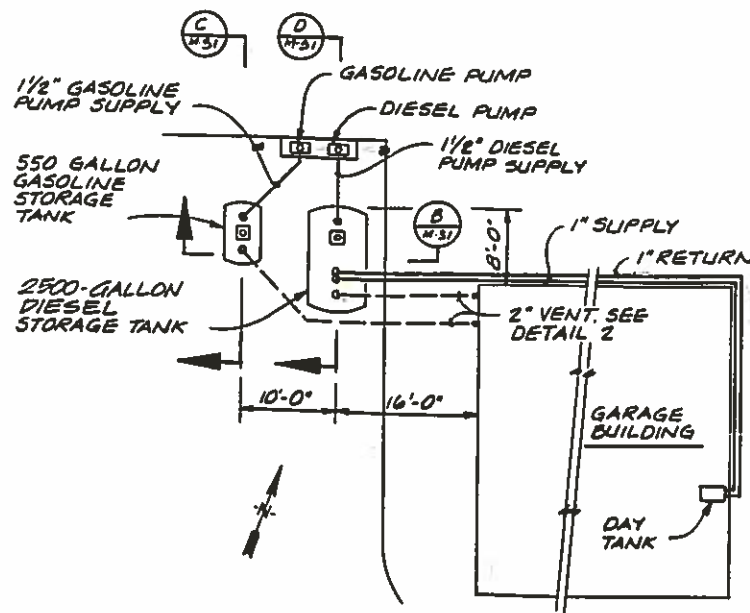
Installed 4/89 / Perit plan

GRAPHIC SCA

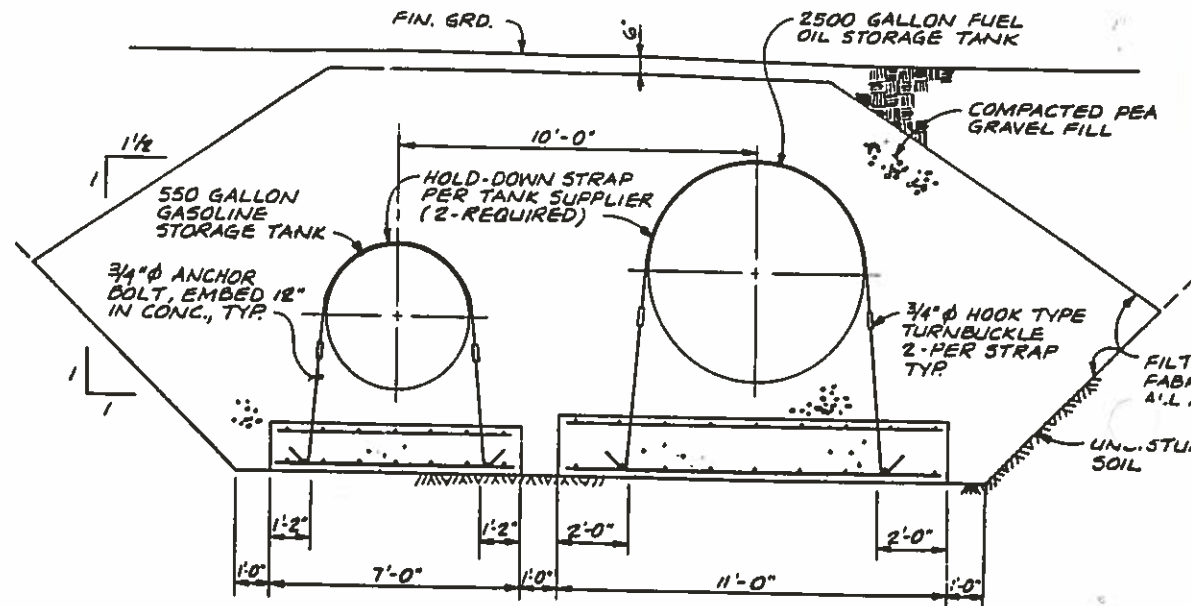
4-020050



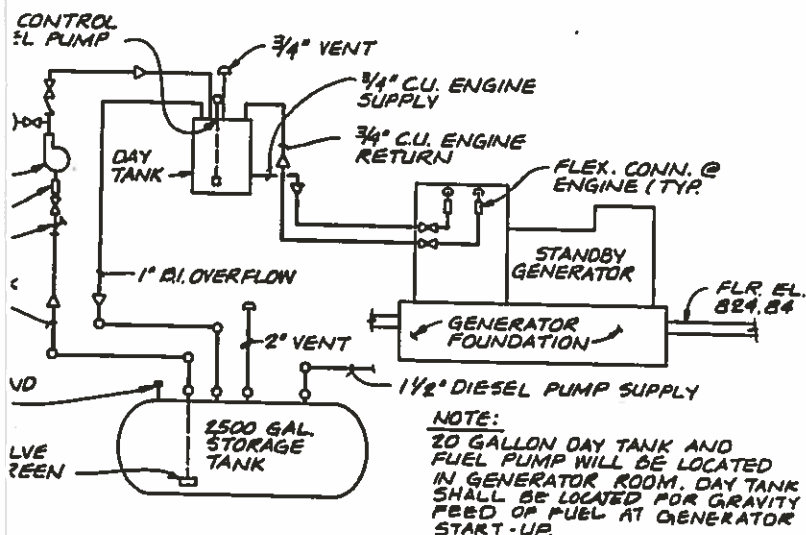
SECTION A
SCALE: 1/4" = 1'-0"



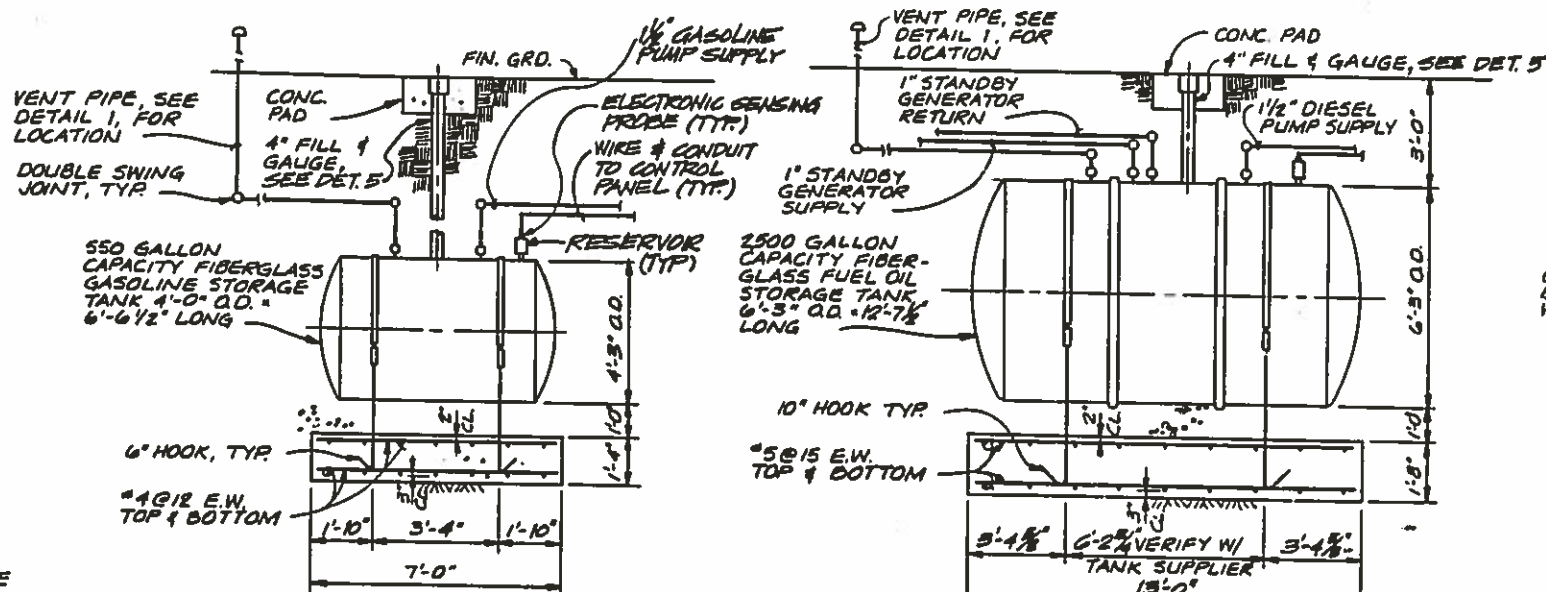
FUEL STORAGE AND SUPPLY SYSTEM
DETAIL 1
SCALE: 1" = 10'



SECTION B
SCALE: 3/8" = 1'-0"

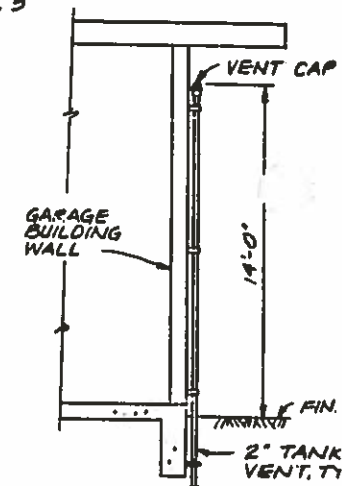


DIESEL FUEL SYSTEM SCHEMATIC
NO SCALE

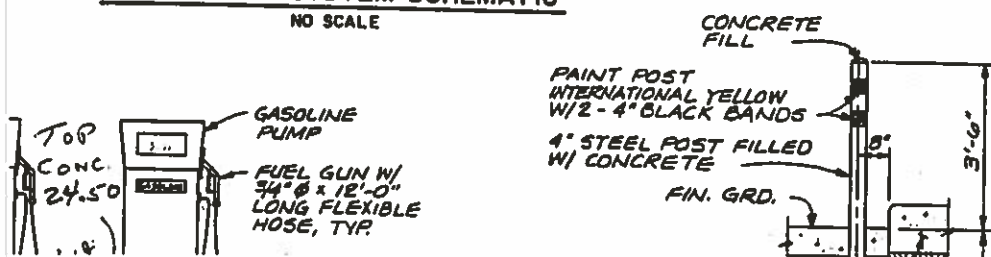


SECTION C
SCALE: 3/8" = 1'-0"

SECTION D
SCALE: 3/8" = 1'-0"



DETAIL 2
SCALE: 1/4" = 1'-0"



AS-BUILTS(?)
COLVILLE TRIBAL
FISH HATCHERY
Installed 4/89 / Rec'd 9/20/95

HYDROSTATIC TANK MONITORING—FOR MAXIMUM PERFORMANCE IN DOUBLE-WALL TANK LEAK DETECTION...AND PRECISION TANK TESTING

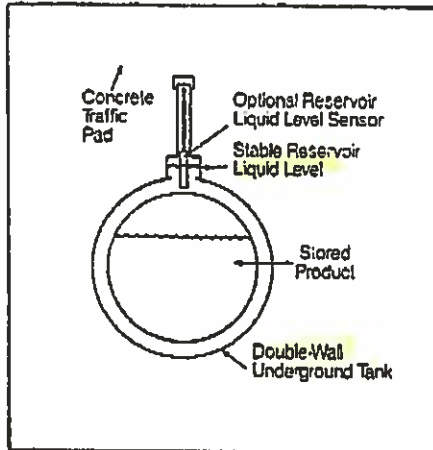
Background

Owens-Corning recommends the Hydrostatic Tank Monitor for double-wall tank monitoring because of its superior leak detection capability. By filling the cavity between the inner and outer tank walls with a liquid, hydrostatic pressure is continuously applied to both the primary and secondary tank. This pressure is capable of detecting tank leaks in either the primary or secondary tank walls for all installed circumstances.

The Hydrostatic Tank Monitor can also serve the dual function of a precision tank test. Because the hydrostatic pressure is continuous, this tank testing method is less prone to potential false readings caused by minute changes in product temperature, tank deflection under loads, or human error.

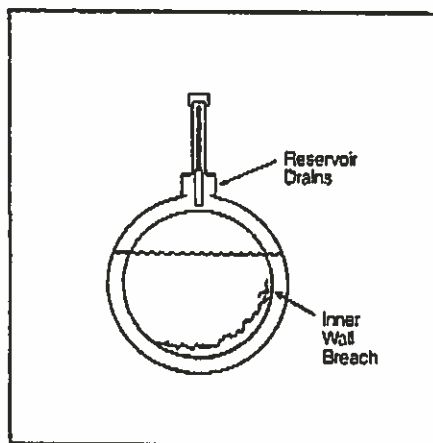
The Hydrostatic Tank Monitor has been independently tested and statistically validated to meet the National Fire Protection Association's criteria as a precision tank test. This device is capable of detecting leaks as small as 0.05 gallons per hour with a 99% probability of detection and a 0.1% probability of a false alarm.

All of the Owens-Corning double-wall tanks in this catalog include the "built-in" hydrostatic tank monitor as a standard feature.



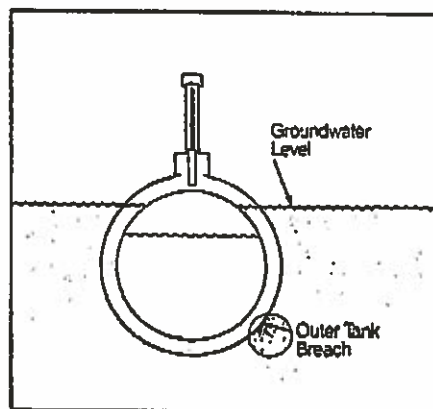
Normal Conditions

The reservoir liquid level will be stable if both the inner and outer tank are tight. The optional reservoir sensor will activate an alarm if the reservoir drains or overfills.



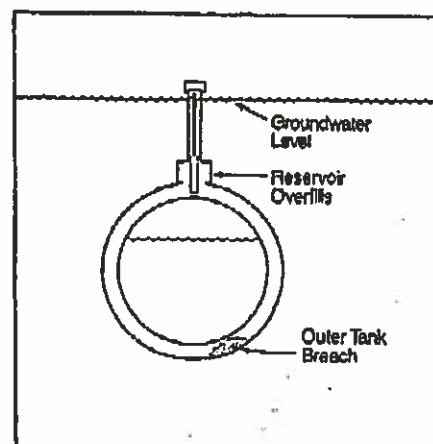
Inner Wall Breach

Monitor fluid drains into the primary tank causing the reservoir to drain. No petroleum product escapes from the primary tank to pollute the site.



Outer Wall Breach

If the groundwater is below the tank top, the monitor fluid drains into the ground causing the reservoir to drain.



If the groundwater is over the tank top, the reservoir will overfill with groundwater and activate the high level alarm on the reservoir sensor.

TANK RELEASE
DETECTION

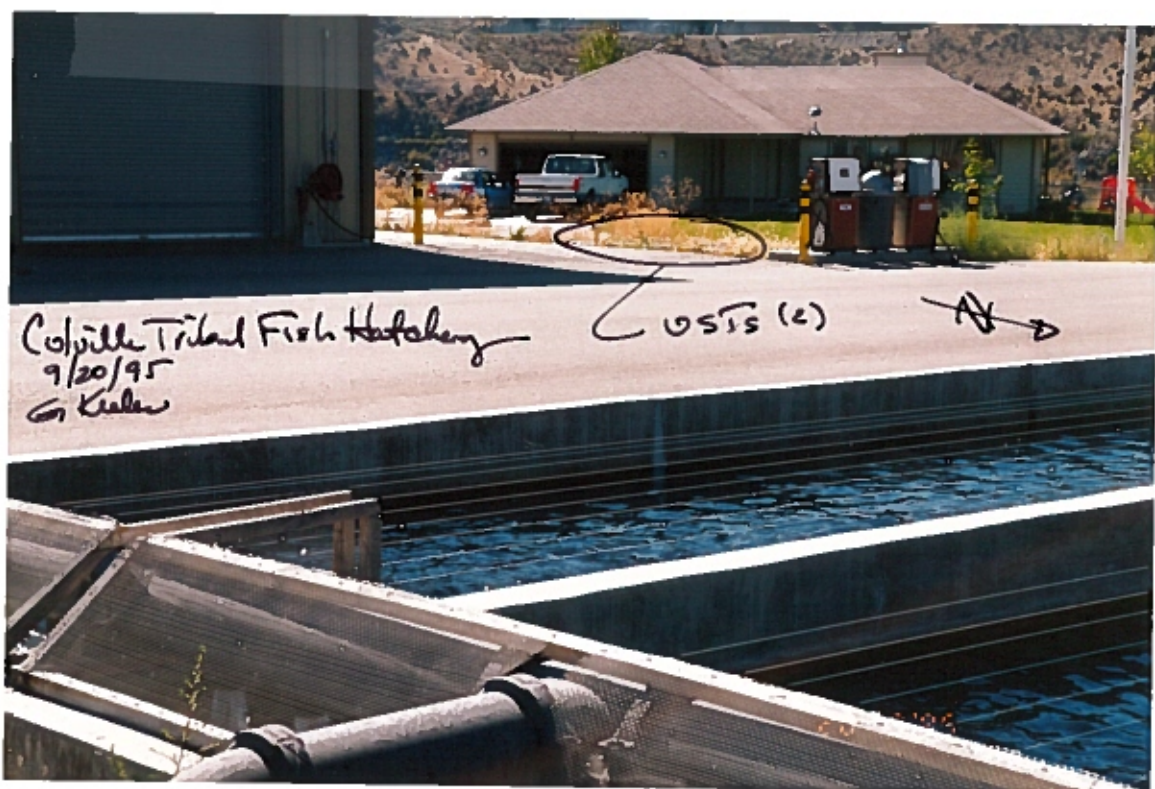
Colville Tribal Fish Nat.
Rec'd 9/20/95

COLVILLE TRIBE
FISH HATCHERY
Okanogan, Wash.



11/11/11 20:20

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sh.



11/11/20.20

FALL 150 11/11 17.17



MMH 20.20

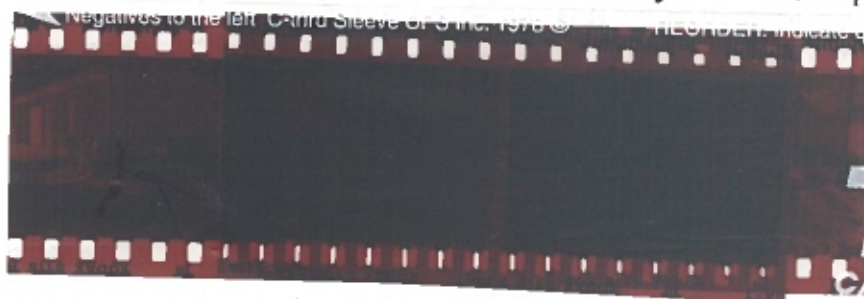
TALL 2 130 MMH 12.13



HHHH 20.20

PAID 5.00 HHHH 19.19

Colville Tribal Fish Hatchery 9/20/95





COLVILLE TRIBAL FISH HATCHERY

P.O. Box 880, Highway 17
Bridgeport, WA 98813



*Rec'd 7/15/96
NF + copies
of photos*

**U.S. ENVIRONMENTAL PROTECTION
AGENCY**

**1200 SIXTH AVENUE ATTN: OW137
SEATTLE WA 98101-9797**



